AFTERCARE GUIDELINES

for

DRUG AND ALCOHOL PROGRAM ADVISORS

DEPARTMENT OF THE NAVY
BUREAU OF NAVAL PERSONNEL
WASHINGTON, D.C. 20370

IN REPLY REFER TO
5350
Ser 6341

MEMORANDUM FOR ALL COMMANDERS, COMMANDING OFFICERS AND OFFICERS-IN-CHARGE

Subj: AFTERCARE GUIDELINES FOR DRUG AND ALCOHOL PROGRAM ADVISORS

1. These Aftercare Guidelines are forwarded for your information and your Drug and Alcohol Program Advisor's (DAPA's) retention.

2. The Navy's philosophy is to treat and return to full duty eligible former alcohol and other drug abusers. The treatment program is but a beginning in a lifelong recovery process. Aftercare is the most critical part of this process ensuring productivity and maximization of resources. OPNAV Instruction 5350.4 series mandates a one-year period of aftercare for all members completing either Level II or III treatment. Your DAPA has learned some of the necessary aftercare tools at the DAPA Course (~~A501-0060~~). Because aftercare is so critical, I feel these Guidelines will assist your DAPA in providing the best service possible. The information and resources listed in these Guidelines should be of particular value to the DAPA serving in areas where local community support (e.g., AA/NA/OA meetings or Counseling and Assistance Center groups) is limited or unavailable.

3. By allowing the member to participate in Level II or III treatment, you have already determined that he or she has potential for continued useful service. I implore you to become an active advocate and to pay personal attention to your command's aftercare program and the member who is in an aftercare status.

J. W. HARP
Captain, U.S. Navy
Director, Drug and
Alcohol Program Division

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AFTERCARE GUIDELINES

FOR

DRUG AND ALCOHOL PROGRAM ADVISORS

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Why aftercare? Aftercare smooths the transition from formal, structured treatment to everyday life. It provides the extra tools needed to withstand the difficult stresses of early sobriety (or abstinence from other drugs or food abuse). Participation in such programs improves the odds for success. It allows for Level II individuals to make a concentrated effort at investigating and practicing self-control. And, it provides a structure for the Level III member to begin a contented and efficient life without the use of alcohol or other drugs. By allowing an individual to enter treatment, the commanding officer has made a judgment that the individual has potential for further useful service -- part of the treatment commitment is one year of aftercare.

GLOSSARY OF TERMS

Abstinence: Not using alcohol or other drugs, or for a chronically obese person, following a plan for normal eating which arrests the compulsive use of food.

ADAMS: Alcohol and Drug Abuse Managers/Supervisors training. Mandated by OPNAVINST 5350.4 series for all Navy supervisors E-7 and above (supervisors' training) and for commanding officers, officers in charge and command master chiefs and others in leadership positions (managers' training). See BUPERSNOTE 5355 (usually published in August) for further information.

Addiction: A dependence upon some substance (e.g., alcohol or other drugs).

Aftercare: The period of time following formal outpatient (Level II) or inpatient (Level III) treatment during which the member's performance, conduct and compliance with an established plan of recovery from abuse or addiction are closely monitored by command personnel.

Alcohol abuse: The use of alcohol to an extent that it has an adverse effect on the user's health, behavior, family, community, the Navy, or leads to unacceptable behavior as evidenced by one or more alcohol incident(s).

Alcohol dependence: Psychological and/or physiological reliance on alcohol resulting from use on a periodic or continuing basis. Also alcoholism, a disease characterized by psychological and/or physical/physiological dependence on alcohol.

Alcohol incident: Conduct or behavior, caused by the ingestion of alcohol, which results in discreditable involvement with civil and/or military authorities. Events requiring medical care or involving a suspicious public or domestic disturbance must be carefully evaluated to determine if alcohol was a contributing factor; if so, it is an alcohol incident.

Antabuse (disulfiram): A prescription medication which causes a severe reaction to alcohol that may be given to patients with a diagnosis of alcohol dependence. See BUMEDINST 5353.3 of 23 July 1990, for more information.

Chronic obesity: A condition characterized by: powerlessness or uncontrollability of eating; obsession about food, weight,

and body image; frequent consumption of food in larger amounts or over a longer period than intended; persistent desire or one or more unsuccessful efforts to cut down or control overeating; continued overeating despite knowledge of having a persistent or recurrent social, psychological or physical problem that is caused or worsened by overeating.

Command Fitness Coordinator (CFC): See OPNAVINST 6110.1 series for eligibility and duties.

Denial: Failure to see the harm that drinking, using other drugs, or compulsively overeating is causing.

Mentor: A trusted friend who guides.

Other drugs: (as in "alcohol and other drugs") Any substance (other than food) which when inhaled, injected, consumed, or introduced into the body in any manner, affects the individual's physiology, psychology or alters mood or function.

Physiological: Affecting the condition of the body.

Psychological: Affecting the mind or behavior.

Recovering alcoholic/drug addict: A person whose alcoholism/ wrongful or improper use of drugs has been arrested through abstinence and active involvement in a 12-step program of recovery.

Relapse: Experience a return of symptoms and signs of the disease after apparent recovery.

Sobriety: Abstinence plus positive life changes.

Sponsor: A 12 Step mentor who usually helps a newcomer and is available for one-on-one support.

12 Step meetings: A fellowship of individuals with a common problem (e.g., alcoholism, drug addiction, compulsive overeating, family members/friends affected, etc.) who meet together to share their experience, strength, and hope. The Navy advocates participation in these programs because 1) they work, 2) they're free, and 3) they're worldwide.

CHAPTER 1, THE FACTS ABOUT ALCOHOL

THE FACTS ABOUT ALCOHOL

Alcohol is one of the most destructive drug known to mankind. That's right--drug, not beverage. Although it's a drug, it is still legal and eight out of every ten adults use it. It's been linked to a long list of serious physical illnesses and is responsible for 50 percent of all auto fatalities and 20 percent of all deaths (including cirrhosis, alcohol related cancer, pancreatitis, etc.) every year. It is, without a doubt, one of the world's most abused substances.

Who

Americans aren't the only people who drink too much. In fact, Americans drink less than people in many other countries--we're only number 15 in terms of total per capita consumption. France, Portugal and Italy top the list. American attitudes about liquor have flipflopped from a free marketplace in the eighteenth and nineteenth centuries to Prohibition in the 1920's, to repeal of Prohibition in the 1930's, to lowering of the legal drinking age through the 1960's and 1970's to a current national 21-year-old drinking age.

Why

Alcohol's continued use and abuse is partly due to the fact that we give it such a high profile in movies, television, and advertisements. Role models such as athletes promote its use in very successful TV commercials. Drinking beer after work is depicted as part of a healthy, robust life-style (of course, getting home alive from the bar is not mentioned in these ads). Other ads show beautiful people drinking in sexy clothing.

In the Navy

Booze abounds in Navy tradition. In the words of a retired Navy flight surgeon: "In naval aviation, we drink after a good flight, after a bad flight, and after a near midair collision. To celebrate our first solo flight, we traditionally present our instructor with a bottle of his favorite liquor. If we successfully bail out of a crippled airplane, we express our thanks to the life-saving parachute rigger with a bottle of his preferred spirits. We drink when we get our wings, at a wetting-down party when we get promoted, to alleviate our depression when we get passed over, at formal dinings-in, change of command ceremonies,

and chief's initiations, a night carrier landing can mean medicinal brandy, we hail and farewell frequently. In short, we drink from enlistment to retirement ... from teen age to old age."

Alcohol as a Drug

Alcohol is called a drug because its main ingredient--ethanol--acts as a central nervous system depressant, just like a sleeping pill. In high enough doses it's also an anesthetic. At lower doses, it lowers inhibitions and causes behavior change. How impaired someone becomes from the depressant effects of alcohol is directly related to the person's age, weight, sex, prior experience, and level of tolerance. Alcohol, like every other drug, creates tolerance, so the more used, the more needed to achieve the same effect.

Sobering Up

Many myths exist about sobering up. For example, you cannot drink and then sober up with a cold shower or some coffee. Alcohol, like any other drug, is eliminated from the system at a steady rate. As the drug is expelled from the system, its effects lessen, so only time will help you sober up. In fact, if using the black coffee method, the stimulant effect of caffeine can make someone "feel sober" when they aren't. The false sense of security given by a cup of coffee for the road has led to many auto crashes.

In the Body

Alcohol, like other drugs, can be taken in different forms. It's found in beer, wine, and liquor (to say nothing of some medicines, mouth washes, salad dressings, etc.) but it makes little difference in which form it's ingested. Although the amount of time it takes for alcohol to get into the bloodstream varies with dose and blend--beer is the slowest--the ultimate amount of impairment and the effects on coordination and judgment are just the same.

Alcohol is absorbed into the bloodstream rather uniformly, but the effect can be delayed if, for example, the person has just eaten a meal and the absorption rate of the alcohol is slowed. The first, short-term, physiological effects are an increase in heart rate, a warm, flushed effect, and loss of alertness. In larger amounts, perception is altered, vision is

blurred and coordination can be hampered, an effect better known as "drunk." And, a hangover is the result of a drug (alcohol) overdose.

The Disease of Alcoholism

Alcoholism is the disease condition produced by the repeated misuse of ethyl alcohol. It is a primary disease; it is not caused by some underlying psychological or moral flaw. It is a chronic disease; it does not go away with time. It is a progressive disease; it does not improve as long as one continues to drink. It is a potentially fatal disease, if the drinking is not interrupted. A primary characteristic of an alcoholic is loss of control. Loss of control means in effect that once an alcoholic starts to drink, he or she is not able to predict how, when or if he or she will be able to stop drinking. Prior to the advent of Alcoholics Anonymous (AA) in 1935 and of modern day treatment programs in the 1950's and 1960's, most alcoholics were felt to be beyond help by the medical profession. Now, overall recovery rates (two year abstinence rates) of 60 to 80 percent are not unusual, where treatment, AA and appropriate aftercare are available.

Alcoholism is one of the most treatable illnesses. For most people, recovery is not easy at first, but it is always worth the effort. As a common saying among AA members has it: "for an alcoholic, the best day drinking is not as good as the hardest day sober."

Navy Treatment

The Navy has three levels of alcohol and other drug abuse programs. Level I is comprised of those programs which take place at the command (e.g., NADSAP, ADAMS, GMT, identification, discipline, etc.). The Level II program serves a diverse clientele and all geographic areas. This program is conducted at ninety Counseling and Assistance Centers (CAACs), reporting to eight major claimants. Twenty-five of these CAACs are onboard ships. This program is intended for personnel evaluated to be abusers of drugs or alcohol but not dependent upon those substances. These CAACs also provide obesity counseling when resources permit. Treatment consists of education, individual and group counseling.

The Level III program treats only those personnel diagnosed to be alcohol dependent and who are judged by their commanding

officer to have exceptional potential for continued useful service. Personnel are treated in a TAD status for the six-week residential program. Treatment includes education, individual and group counseling, 12 Step meeting attendance, physical conditioning and spiritual study. There are four Naval Alcohol Rehabilitation Centers (NAVALREHCENs): Miramar (San Diego), CA; Pearl Harbor, HI; Norfolk, VA; and Jacksonville, FL. All NAVALREHCENs also provide obesity treatment on a limited basis. Alcohol Rehabilitation Departments (ARDs) in selected Naval hospitals comprise the remainder of the Level III facilities. The twenty ARDs are operated under the Bureau of Medicine and the fleet commanders.

The DAPA

The Drug and Alcohol Program Advisor (DAPA) is responsible to the commanding officer for acting as the aftercare coordinator for the command, and coordinating and monitoring the aftercare plan for members who return to the command after completion of Level II or III programs. The DAPA plays an important gatekeeper role by educating the command which in turn will help members returning from treatment reintegrate with greater ease.

Recommended Reading

Milam, James R. and Ketcham, Katherine, Under The Influence: A Guide to the Myths and Realities of Alcoholism. Seattle, WA: Madrona Publishers, Inc., 1981.

Wallace, John, Alcoholism: New Light On The Disease. Newport, RI: Edgehill Publications, 1985.

CHAPTER 2, DAPA COURSE MATERIAL

DAPA COURSE AFTERCARE MATERIAL

The dictionary defines aftercare as "the care of a convalescent from sickness, only partially restored to health or strength." On the physical side, it is believed that for most individuals recovering from alcohol or other drug problems it takes from 24 to 36 months of recovery before the central nervous system returns to basically normal functioning. In most cases, much of the alcoholic's, addict's or obese person's socializing was formed around drinking, using drugs or food. He or she now has to relearn appropriate, or entirely new, ways to deal with people and problems. The American Medical Association says that alcoholics have a tendency to relapse (meaning they will experience a return of symptoms and signs of the disease after their apparent recovery). (We know this to be true for other drug addiction and obesity, too.) In other words relapse is a part of the disease. In the Navy, the importance of aftercare cannot be stressed too strongly. It definitely increases the likelihood of a successful recovery, and it reinforces the principle that a returning member is a valuable asset to the command.

Aftercare is not a stand-alone program, it is part of a process. This process includes: (1) the harmful involvement with alcohol or other drugs or compulsive overeating; (2) the formal treatment period; (3) the formal aftercare phase (which is, in fact, a continuation stage of treatment); and (4) the life-long continuing maintenance of recovery. For a DAPA to be effective in assisting an individual during the Navy's one-year aftercare phase, he or she should understand all of the process.

Three Phases

The first three years after initial treatment are considered the most critical. Three phases take place during this time span: physical, mental, social. Phase one, physical, dominates the first year of recovery. Toxic effects on the brain alone can last for months or even years; complete medical and dental examinations and treatment are a must. The recovering individual must focus on good health habits: good nutritional practices, exercise, recreation, and relaxation. Phase two, mental, comes into play about halfway through the first year. It encompasses the developing of positive attitudes, self-esteem, emotional stability, and establishing positive goals. The third phase, social, becomes the focus of recovery toward the end of the first year and may take until somewhere into the third year to become

"healthy." The social phase involves learning or relearning life skills (e.g., financial management, recreation); developing and maintaining support systems (e.g., 12 Step programs, a mentor, church); learning behaviors to cope effectively with the issues of abstinence in a drinking society, peer pressure to use drugs, and not eating compulsively when food is a necessity of life; and attention to spiritual growth. The addiction/recovery curve on page 7 gives some idea of individual signs and behaviors during this process.

Transition From Treatment

The transition from a treatment and rehabilitation setting back to a duty station is more traumatic than many people realize. From a supportive, understanding, and helping environment, the recovering person is thrust back into the old environment, the one which fostered, encouraged, or chastised his or her compulsive use of alcohol or other drugs or food. This transition is a major hurdle along the recovery path. Commonly, newly recovering individuals may be feeling:

--Afraid, anxious, insecure--deeply concerned about what others will think, how to get through days and nights without alcohol or drugs or compulsive eating and how to hold head high after their past performance and behavior;

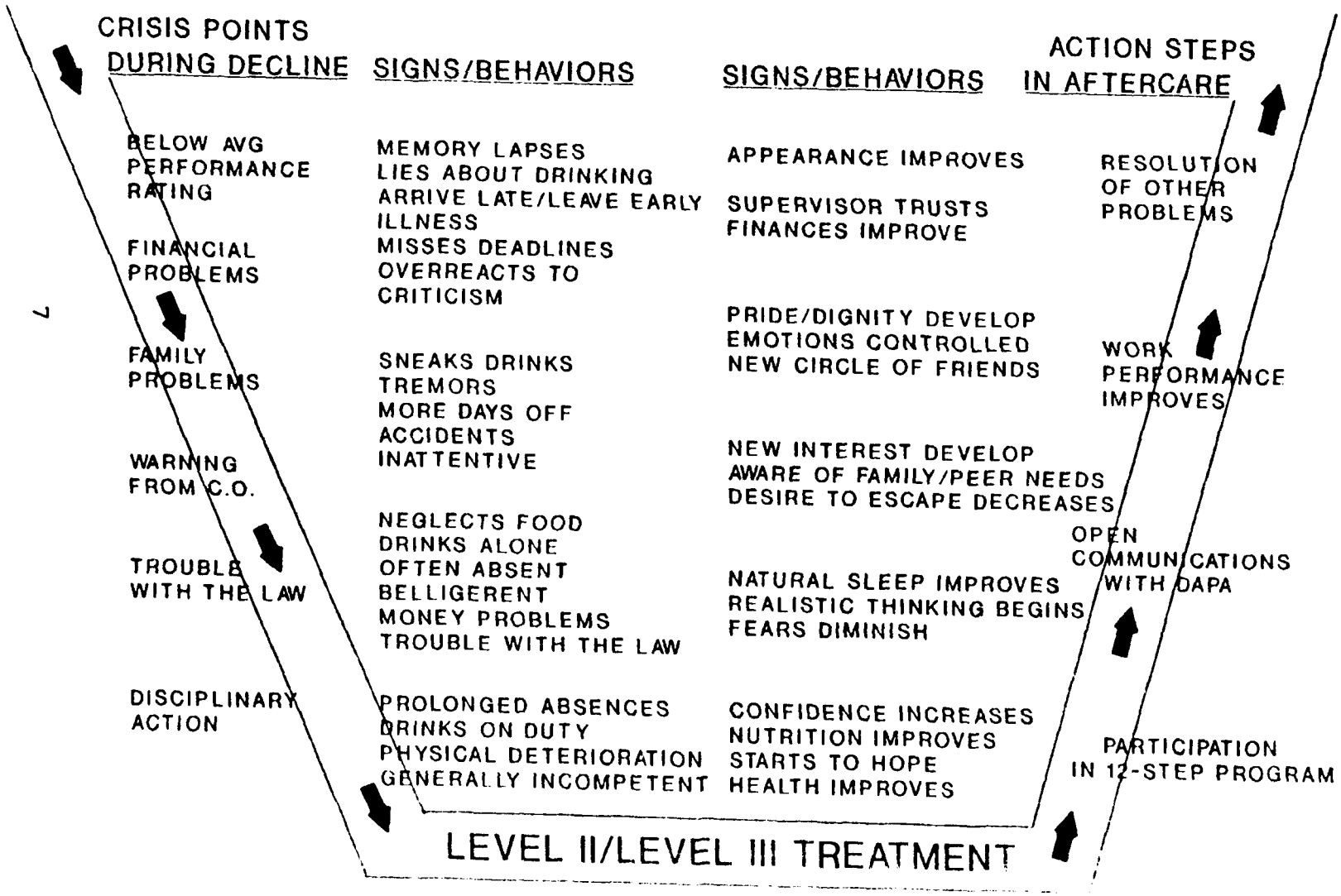
--Stripped of familiar coping devices--simple events or activities loom large and difficult without alcohol or drugs or compulsive eating (e.g., attending Navy functions where alcohol is available, going out on a date, hanging out with the crowd); and

--Confused because they don't know how to live without substances--what to do with spare time, how to face unpleasant life situations, how to get rid of feelings of inadequacy or loneliness, etc..

While this chapter deals specifically with the formal one-year aftercare program, the DAPA should keep in mind the entire process.

An individual's aftercare program, as specified by OPNAVINST 5350.4 series, includes:

ALCOHOL ADDICTION AND RECOVERY CURVE



Aftercare Plan

The rehabilitation facility (Counseling and Assistance Center (CAAC) for Level II; Naval Alcohol Rehabilitation Center/ Department (ARC/ARD) for Level III) staff prepares a written Aftercare Plan during the last phase of the treatment. This plan is individualized -- the staffs' assessment of just what it will take for this person to remain abstinent for one year.

Modifying the Aftercare Plan

Where operational commitments dictate, this Aftercare Plan may be modified by the commanding officer. For instance, an Alcohol Rehabilitation Center may recommend three AA meetings per week, but the servicemember is deployed on board a ship where only one AA meeting per week is held. The commanding officer may modify the Aftercare Treatment Plan to include attendance at one AA meeting per week, the writing of a 200-word essay per week on a topic selected by the DAPA (see pages 16 and 17 for suggested topics), or corresponding with Loners' International (an Alcoholics Anonymous newsletter for individuals in remote areas (Loners' International, Alcoholics Anonymous, P.O. Box 459, Grand Central Station, New York, NY 10163, Attn: Loners' Desk)), or seeking and making contact with a mentor, or writing weekly letters to their counselors from the treatment facility.

Weekly Meetings with DAPA

The Aftercare Plan will include weekly meetings with the command DAPA. DAPA's need to be mindful that such meetings should be a place as private and quiet as possible. This weekly meeting is not intended to be a therapeutic counseling session (the DAPA is not a clinical counselor). It is, instead, a weekly check on how the recovering individual is doing, whether he or she is following the Aftercare Plan, whether problems in the work space are occurring, and whether new problems have surfaced for which the DAPA needs to make a referral (e.g., legal, financial, or family). See pages 18 and 19 for the initial interview checklist and page 20 for a sample weekly aftercare meeting documentation.

Periodically, the DAPA should check with the individual's supervisor concerning performance and conduct on the job. This is not intended as spying but is another way to monitor the recovery process. Several areas can assist the DAPA in assessing

the recovering individual's progress. Of particular value are written documents (e.g., the Aftercare Plan, urinalysis reports, self-help attendance cards, fitness reports/evals).

Relapse Signs

Relapse for the alcoholic, addict or obese person doesn't begin with the first drink, drug use or uncontrolled eating. It begins with behavior which reactivates old patterns of denial, isolation, elevated stress, and impaired judgment. Some relapse signs may include:

--apprehension about well-being; an initial sense of fear and uncertainty; a lack of confidence in the ability to stay sober, clean or abstinent;

--denial; denial system reactivates to cope with apprehension, anxiety and stress;

--adamant commitment to sobriety/abstinence; individual is convinced that he/she will "never drink, drug, overeat again" -- thus the need to pursue a daily recovery program diminishes;

--tendencies toward loneliness; patterns of isolation and avoidance increase;

--minor depression; listlessness, flat acceptance of surroundings and circumstances, and oversleeping become common;

--idle daydreaming/wishful thinking; ability to concentrate becomes diminished and concentration replaced with fantasy; the "only-if" thoughts increase;

--self-fulfilling failure; feelings of "nothing can be solved," "I've tried my best and it isn't working out;"

--irritation with friends; social involvements become strained and conflictual;

--easily angered; episodes of anger, frustration, resentment and irritability increase; overreaction becomes more frequent;

--listlessness; extended periods of inability to initiate action; feeling of being trapped with no way out;

--irregular sleeping habits; episodes of insomnia, restlessness and fitful sleeping; sleeping marathons resulting from exhaustion;

--irregular attendance at aftercare meetings with the DAPA or CAAC; attendance at 12-Step meetings becomes sporadic; counseling appointments scheduled and then missed; recovery loses a priority ranking in his/her value system;

--general dissatisfaction attitude; "I don't care," "things are so bad, I might as well get drunk (or use or overeat) because they can't get worse;"

--thoughts of social drinking or breaking abstinence ("maybe I'm not an alcoholic/chronically obese").

There is no magic formula for adding up the above and saying "three or more and they're going to drink/drug/eat compulsively again" ... just as someone who exhibits all of the above may never drink/drug/eat compulsively again. These are only clues that something is going on with this individual. The above relapse signs are now being taught to Navy supervisors at the Alcohol and Drug Abuse Managers/Supervisors (ADAMS) training and the supervisors are instructed to get in touch with the DAPA if they observe the above. Such behaviors/attitudes should be pointed out to the individual and mentioned to the CAAC aftercare counselor, when available. The DAPA must use caution, however, and remember that he or she is not responsible for doing the recovering individual's aftercare program -- only for monitoring it!

Quarterly Review

Quarterly, a committee composed of at least the individual, the DAPA and the commanding officer (or his/her representative) will evaluate the individual's progress. The commanding officer may desire to have an enlisted individual's supervisor, LPO, LCPO, or command master chief present. These quarterly progress reviews should be documented in writing and kept in the DAPA's file. Page 21 provides sample documentation.

12 Step Meetings

The Aftercare Plan will call for participation in a 12-Step program for the duration of the formal aftercare period. Pages

22 and 23 may be locally reproduced and made a part of the DAPA case file to record 12-Step meeting attendance.

To make effective use of the 12-Step program (for brevity sake, referred to as AA), local commands should be aware of their role and limitations. AA defines itself as a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. Membership requirement is a desire to stop drinking. The primary purpose of each AA group is to stay sober and help other alcoholics to achieve sobriety.

--No one speaks for AA as a whole. Individual groups are autonomous and while they will adhere to basic AA principles, local customs vary. For example, some groups are resistant to members whose primary drug is not alcohol.

--AA groups located in areas with large treatment populations or programs also face controversy. Some of these groups feel that their meetings are taken over by court, treatment or military mandated members. Regular members drift away to other meetings and those who were mandated get little help.

--With the above background, the following guidelines are offered to help in using AA as an effective community resource.

o Develop an understanding of the role of AA by reading AA literature, especially the pamphlet "Alcoholics Anonymous In Your Community" which lists what AA will and will not do for you. The pamphlet can be obtained through local AA groups or through AA World Services Inc., Box 459, Grand Central Station, New York, NY 10163.

o Encourage all persons concerned with drug and alcohol problems to attend open AA meetings. On the other hand, respect the integrity of AA and its sister 12-Step groups and do not send individuals to closed meetings simply for educational or orientation purposes.

o The DAPA should establish rapport with local AA groups to become sensitive to local issues and concerns. Those concerns can be dealt with constructively. (Contact can be made by calling the AA/NA/OA/Al-Anon number listed in most local telephone directories.) If local groups feel like they are being taken over perhaps the establishment of Beginners' Meetings or new meetings located in your command could be encouraged.

o Assure that AA and other 12-Step meeting lists are available at key intervention points (e.g., DAPA office, CAAC, NADSAP training, command library, Chaplains' office, Family Service Center). Call the number listed in the telephone directory to get up-to-date meeting lists.

o AA meeting attendance and 12th Step work for the recovering alcoholic is a discipline and requirement as necessary as insulin for the diabetic or exercise and diet for the recovering heart patient. Encourage it. The recovering sober sailor will likely help another sailor recover.

o If the DAPA has a network of recovering members who might volunteer as interim sponsors, make every effort to hook the volunteer up with the individual who is still in treatment. This interim sponsor can then see that the returning member gets to a meeting (and meets other recovering people) on his or her very first day back at the command or the community. The quicker the returning individual starts attending meetings, the better chances are for effective recovery.

o If the DAPA wants to be instrumental in starting new meetings at the command, he or she should correspond with AA World Services, Inc. (see above address); NA World Service Office, Inc., 16155 Wyandotte St., Van Nuys, CA 91406; OA World Service Office, P.O. Box 92870, Los Angeles, CA 90009; or Al-Anon Family Group Headquarters, Inc., P.O. Box 862 Midtown Station, New York, NY 10018.

Urinalysis

If the Aftercare Plan calls for urinalysis, the DAPA should touch base with the command's Urinalysis Coordinator. Aftercare testing is discussed in OPNAVINST 5350.4 series, enclosure (4), paragraph 5 (Types of Tests and Authority to Conduct). The DAPA should not be assigned duties as Urinalysis Coordinator (see OPNAVINST 5350.4 series, enclosure 2, paragraph 2h(5)). Pages 24 and 25 may be reproduced locally and used as a urinalysis recording form.

CAAC Aftercare Counseling

Not all CAACs run aftercare counseling groups, and not all commands are located close to a CAAC. When CAAC aftercare counseling is prescribed and feasible, the DAPA may be instrumental in assisting the servicemember explain to his/her supervi-

sor the necessity of attending such sessions (usually held during working hours). In order to be an effective "salesperson" for the program, he or she should talk with the CAAC Director and find out as much general information about the aftercare counseling program as possible. The DAPA (and the individual's supervisor) has the right to know whether the servicemember shows up for the counseling sessions but not the content of such sessions.

Individual Problems

One block on the Aftercare Plan reads, "Continue working on individual problems as documented in the residential treatment record." Usually these problems will be spelled out for the commanding officer/DAPA. They may include financial, legal, marital, physical or mental health or spiritual. The DAPA's role in this area is to assist the servicemember in making the right contacts for continued work (e.g., getting an appointment with the Chaplain, the JAG, Family Service Center). In order to make these kinds of referrals, the DAPA needs to know what services are available in the immediate area. He or she also needs to know what services are lacking, whether or not they are available in the surrounding civilian community, and who the on board CHAMPUS expert is. This is not to suggest that the DAPA needs to be a walking encyclopedia, but rather that he or she knows where to point the servicemember to get the information for themselves. Again, the DAPAs job is to monitor the individual's aftercare program--not to do it for him or her!

Family Members

Addiction -- alcoholism, drug dependence, chronic obesity -- is a disease that greatly effects the family of the addicted. The more educated the family becomes and the more they participate in their own recovery, the better the chances for the individual's recovery. Many DAPAs feel their hands are tied when it comes to dealing with family members. While the DAPA can't order the family member to do a certain thing, there are some avenues to try:

--Have the spouse of one of the network of recovering volunteers get in touch with the family member and invite them to an Al-Anon meeting or to share a cup of coffee -- anything to let the spouse (women should contact women; men contact men) know that recovery can work and that there are people around who are willing to share their experience, strength and hope.

--Have a Family Service Center staff member (or Chaplain or Medical Officer, etc.) contact the family member and offer assistance if needed.

--Establish and maintain a lending library (write to AA/NA/OA/Al-Anon World Service offices (see Chapter 9, Resources, for addresses to write for catalogs). Advertise its availability. If funds are a problem, get creative! Ask the network of recovering volunteers for donations; ask the CAAC or ARC/ARD for help; or contact civilian community treatment centers.

Antabuse

In a few cases, Level III patients will be prescribed Antabuse and continuation of the prescription will be indicated on the Aftercare Plan. DAPAs need to know that Antabuse is a medication that is prescribed only for patients with a diagnosis of alcohol dependence. It is not a cure for alcohol problems, but rather an adjunctive treatment which may be part of a comprehensive program directed at achieving major lifestyle changes resulting in an ongoing recovery program. If an Aftercare Plan calls for continued Antabuse therapy, the aftercare member should receive monthly medical followup.

Antabuse can be self-administered by the person for whom it is prescribed, or may be administered by authorized medical personnel. Antabuse maintenance programs must be carefully monitored by privileged Medical Department representatives. Only patients or authorized medical personnel should retain prescription bottles. Under no circumstances should DAPAs dispense Antabuse or any other pharmaceutical. If indicated, they may observe the patient's ingestion of Antabuse.

Aftercare Completion Letter

While OPNAVINST 5350.4 series does not mandate an aftercare completion statement, DAPAs will find that such a letter is a good way to "close out a file." See page 26 for a sample Aftercare Completion Letter.

Storage of Files and Privacy Act

As with all other DAPA records, aftercare notes and correspondence must be kept in locked storage containers. See page 27 for a sample Privacy Act and Confidentiality Statement that may be locally reproduced and used.

Recommended Further Reading

OPNAVINST 5350.4 series, Alcohol and Other Drug Abuse Prevention and Control

BUMEDINST 5353.3 series, Use of Disulfiram (Antabuse)

Milam, James R. and Ketcham, Katherine, Under The Influence- A Guide to the Myths and Realities of Alcoholism. Seattle, WA: Madrona Publishers, Inc., 1981.

Alcoholics Anonymous. New York, NY: AA World Services, Inc., 1976.

Alcoholics Anonymous In Your Community. New York, NY: AA World Services, Inc.

SUGGESTED TOPICS

Acceptance
Accomplishments
Addictions
Alcoholism
Anger
Answers
Appearance
Appreciation
Assertiveness
Assets
Attention
Attitude

Balance
Beauty
Behavior
Blaming
Boldness
Boundaries

Calmness
Celebration
Challenge
Change
Character defects
Choice
Communication
Competition
Compulsion
Confidence
Conflict
Consequences
Contribution
Control
Coping
Courage
Courtesy
Credibility
Crisis
Criticism

Decisions
Defenses
Denial
Depression
Despair
Detachment
Difficulties
Doubt
Dreams

Easy Does It
Emotions
Encouragement
Envy
Excitement
Equality
Expectations

Failure
Fairness
Faith
Family
Fear
Feelings
First Things First
Flexibility
Forgiveness
Freedom
Friendship
Future

Goals
Gratitude
Grief
Growth
Guilt

Habits
Happiness
Harmony
Health
Holidays
Honesty
Hope
Humility
Humor
Individuality
Injustice
Integrity
Intimacy

Joy
Judgment
Justice

Keep It Simple

Laughter
Leisure
Letting go
Limits
Listen and Learn
Listening
Live and Let Live
Living in the present
Living skills
Loneliness
Love

Maturity
Materialism
Meetings
Mistakes

Needs

Obligations
Obstacles
One day at a time
Openness
Opportunity
Optimism
Order

Pain
Past actions
Patience
Patterns
Peace
People-pleasing

People, places and things
Perfectionism
Perseverance
Pity
Pleasure
Power
Praise
Prayer
Principles
Priorities
Problem Solving
Problems
Progress
Promises

Reality
Recovery
Relapse
Relationships
Relaxing
Resentment
Respect
Responsibility
Rigidity
Risks

Secrets
Self-acceptance
Self-esteem
Serenity
Shame
Sharing
Silence
Slips
Slippery places
Solitude
Solutions
Spirituality
Strangers
Strength
Struggle
Success
Suffering
Surrender

Temptation
Think
Today
Trust
Truth

Understanding
Uniqueness
Unity
Values

Wholeness
Will
Wisdom
Wonder
Work
Work center

SAMPLE INITIAL AFTERCARE INTERVIEW CHECKLIST

_____

Aftercare member's rate/rank/name/SSN

_____

Date of Initial Interview

A. The following items have been discussed:

_____ Confidentiality

Aftercare Treatment Plan Requirements

_____ Meet with DAPA
_____ 12-Step programs
_____ Urinalysis
_____ CAAC Aftercare Group
_____ Individual problems
_____ Medical follow-up
_____ Other counseling required
_____ Family member recommendations

_____ Role of the DAPA
_____ Expectations of aftercare member
_____ Monitoring procedures
_____ Quarterly progress review
_____ Local resources

B. Aftercare member's goals/expectations:_____

_____

_____

_____

_____

_____

_____

_____

C. Modifications in Aftercare Treatment Plan (for each entry, indicate date, change made, and rationale; each change must be signed by the DAPA and the aftercare member).

D. Additional notes:

SAMPLE WEEKLY AFTERCARE MEETING NOTES

_____
Aftercare member's rate/rank/name/SSN

_____ _____
Date aftercare started Week #/date of meeting

_____ Meetings documented _____ Urinalysis documented

_____ Counseling attended

Problems encountered: _____

_____

_____

_____

Progress notes: _____

_____

_____

_____

_____

Date of interview: _____ Length of interview: _____

DAPA Signature: _____

SAMPLE QUARTERLY AFTERCARE REVIEW DOCUMENTATION

5350
Ser
Date

MEMORANDUM FOR THE RECORD

Subj: QUARTERLY AFTERCARE REVIEW ICO [servicemember's name]

Ref: (a) OPNAVINST 5350.4 series

1. Per reference (a), a quarterly aftercare review was held on [date], in the case of [servicemember's name]. [servicemember's name] 's formal aftercare period began on [date].

2. The following items were discussed during this review:

A. _____

B. _____

C. _____

3. Overall progress was determined to be [e.g., excellent, good, fair, poor, unsatisfactory]. [servicemember's name] was directed to do the following:

A. _____

B. _____

C. _____

[COMMANDING OFFICER'S SIGNATURE]

Copy to:
DAPA
Servicemember

Aftercare member's rate/rank/name/SSN

Date Aftercare Plan started

meetings per week per Plan

12-STEP PROGRAM PARTICIPATION

MONTH	WEEK	# OF MEETINGS	TYPE OF MEETINGS (AA/NA/OA/AL-ANON)	DOCUMENTATION PROVIDED
1	1			
	2			
	3			
	4			
2	1			
	2			
	3			
	4			
3	1			
	2			
	3			
	4			
4	1			
	2			
	3			
	4			
5	1			
	2			
	3			
	4			
6	1			
	2			
	3			
	4			

NOTES:

AFTERCARE GUIDELINES
Chapter 2, DAPA Course Material

Aftercare member's rate/rank/name/SSN

Date Aftercare Plan started

meetings per week per Plan

MONTH	WEEK	# OF MEETINGS	TYPE OF MEETINGS (AA/NA/OA/AL-ANON)	DOCUMENTATION PROVIDED
7	1			
	2			
	3			
	4			
8	1			
	2			
	3			
	4			
9	1			
	2			
	3			
	4			
10	1			
	2			
	3			
	4			
11	1			
	2			
	3			
	4			
12	1			
	2			
	3			
	4			

NOTES:

_____
Aftercare member's rate/rank/name/SSN

_____
Date Aftercare Plan started

AFTERCARE URINALYSIS RECORDING FORM

MONTH	SAMPLE	DATE COLLECTED	RESULTS/COMMENTS
1	1		
	2		
	3		
	4		
2	1		
	2		
	3		
	4		
3	1		
	2		
	3		
	4		
4	1		
	2		
	3		
	4		
5	1		
	2		
	3		
	4		
6	1		
	2		
	3		
	4		

Aftercare member's rate/rank/name/SSN

7	1		
	2		
	3		
	4		
8	1		
	2		
	3		
	4		
9	1		
	2		
	3		
	4		
10	1		
	2		
	3		
	4		
11	1		
	2		
	3		
	4		
12	1		
	2		
	3		
	4		

Notes:

SAMPLE AFTERCARE COMPLETION LETTER

5350
Ser

Date

From: Commanding Officer, _____
To: _____[aftercare members rate/rank/name/SSN]_____

Subj: AFTERCARE PROGRAM COMPLETION STATEMENT

1. Congratulations. You have completed the formal one-year Aftercare Program. While the formal aftercare period is one year, you are reminded that recovery is a life-long process.

2. Your commitment to continued recovery will help assure good performance, conduct and physical well-being. These very important factors will enhance your advancement in the Navy. Good luck.

3. I encourage you to work with our command Drug and Alcohol Program Advisor to assist other Navy men and women who return here from Level II or Level III programs.

[COMMANDING OFFICER'S SIGNATURE]

Copy to:
DAPA
Field Service Record

PRIVACY ACT AND CONFIDENTIALITY STATEMENT

PRIVACY ACT

Under authority of 5 USC S301, information is solicited strictly for the purpose of assisting the member to complete aftercare requirements. Disclosure of the information is voluntary, but non-disclosure may detract from the quality of aftercare assistance rendered.

CONFIDENTIALITY

Under authority of 21 USC 1175, communications to or from any person outside of the armed forces regarding identity, diagnosis, prognosis, treatment, or aftercare progress of any patient (a patient is defined as any person interviewed, examined, diagnosed, treated or rehabilitated in connection with any alcohol or other drug abuse or chronic obesity) which are maintained in connection with the performance of meeting aftercare requirements are confidential and may not be disclosed without prior written consent of the individual concerned.

The commanding officer of a member in an aftercare status has access to all confidential information disclosed by that member. This authority can only be delegated to the executive officer. Records of a member transferring to another command before completion of aftercare will be forwarded to his/her next command.

Within the armed forces or with the Veterans Administration, disclosure is limited to information necessary on a need-to-know basis for the express purpose of seeking or obtaining aftercare assistance for the individual.

I UNDERSTAND AND ACKNOWLEDGE

DATE	AFTERCARE MEMBER'S SIGNATURE
DATE	SIGNATURE OF WITNESS

CHAPTER 3, DAPA COURSE MATERIAL: OBESITY

AFTERCARE: OBESITY

The following information is provided in case the DAPA is called upon to assist the returning recovering obese member.

Obesity is generally thought to be of two categories, endogenous and exogenous obesity. Endogenous (internal causes) obesitv is a hormonal or glandular problem related to the body's internal mechanism for regulating metabolism, and, according to experts, accounts for less than 5 percent of all obese people. Endogenous obesity is treated with medication, and requires careful support by medical experts for control.

Externally Caused

Exogenous (external causes) obesity, or obesity caused by the consumption of more food than the body needs over a considerable period of time, is the more common of the two categories, and itself can be further subdivided into two categories, based on causes. The first type of exogenous obesity, "simple" exogenous obesity is caused by a lack of knowledge of nutrition, poor exercise and/or eating habits, or lack of motivation to lose weight. Most commercial weight loss programs and diet books address simple exogenous obesity.

Compulsive Overeater

The second type of exogenous obesity is the "compulsive overeater" (term coined by Overeaters Anonymous) or "addictive eater" or "chronically obese." The chronically obese person may display the same characteristics as the simple exogenous obese (lack of motivation, lack of knowledge, poor eating and exercise habits), but an additional component of powerlessness or uncontrollability of eating clearly exists. Common characteristics are obsessions about food, weight, and body image, a history of sincere, well-motivated attempts to lose weight or maintain weight, and a progressive pattern of failures at these attempts at weight control. These people also differ from the simple exogenous obese in that they often become quite knowledgeable in nutrition and exercise as a result of their numerous attempts to lose weight. Other characteristics include frequent consumption of food in larger amounts or over a longer period than intended; persistent desire or one or more unsuccessful efforts to cut down

or control overeating; important social, occupational or recreational activities given up or reduced because of overeating or overweight; and continued overeating despite knowledge of having a persistent or recurrent social, psychological or physical problem that is caused or worsened by overeating.

Level I and II

For these reasons, simple exogenous obesity is best addressed at Level I (command) remedial training, or at a Level II (Counseling and Assistance Center (CAAC)) program of nutritional education, behavior modification, and development of proper exercise habits. The chronically obese member, on the other hand, is suffering from an addictive disease process that requires physical, emotional and spiritual recovery, and is best treated at a Level III (Naval Alcohol Rehabilitation Center (NAVALREHCEN)) program designed to treat addictions.

Level III

Level III treatment for addiction to alcohol, other drugs and eating is a very complex process. Each NAVALREHCEN differs slightly in program design, mainly due to the size of the facility, and the number and experience level of the counseling staff. However, there are a number of common treatment objectives that are universal for all Level III patients. It is important that the Drug and Alcohol Program Advisor (DAPA) be familiar with these treatment objectives in order to provide optimum aftercare support for the service member who is newly recovering from alcoholism, other drug addiction or obesity. These objectives are: (1) to prohibit the use of alcohol, other drugs, and the compulsive use of food during treatment; (2) to facilitate the patient's acceptance of their incurable, addictive disease, and to clearly identify the ways that the addiction has caused a deterioration in all aspects of his or her life; (3) to explore and begin resolution of past trauma that can block efforts to live a life of recovery; and (4) to give the patient "practice" in resolving real-life situations without resorting to the addiction.

Level III-Prohibit Use

One of the objectives of Level III treatment is to prohibit the use of alcohol, other drugs, and the compulsive use of food

during treatment: As long as addicted people are actively involved in their addiction, they experience altered perceptions caused by the addiction. Arresting the addictive use of the substance must occur to enable clarity of perception, and allow treatment and recovery to proceed. Alcohol patients at one time were given Antabuse to ensure they would not drink during treatment (which is now an option offered to the patient as a tool of recovery), and all are required to abstain from alcohol use during the time of their treatment (and beyond). Other drug patients are expected to abstain from all use of mind-altering substances (including alcohol) during treatment (and beyond). All patients are subject to random urinalysis. Obese members are expected to "abstain" from compulsive overeating during treatment (and beyond).

Abstinence

Abstinence has always been a confusing topic, because the obese person cannot abstain completely from food use, the way the alcoholic or other drug addict abstains completely from alcohol or other drugs. Rather, abstinence for an obese member means following a plan for normal eating which arrests the compulsive use of food. Although patients establish differing definitions, every Level III graduate who returns to the command has a clear idea of what abstinence means to him or her, and should be able to describe their "abstinence." It may resemble a diet, but it is, in fact, much more. It is the commitment that a recovering member makes to use food normally, one meal at a time. Adherence to abstinence is as important to the chronically obese member as "not taking the first drink" is to the alcoholic.

How the CFC or DAPA Can Help

Ask the Level III obesity graduate to define their abstinence, and ask them if you can help in any way to support their daily commitment to abstain. Some recovering members plan their food in writing, and you may wish to offer to go over it with them from time to time. Some also may use a food diary, to write down what they ate, how much, and what their feelings were at the time. Again, you may offer to go over this with the member. The important point to remember is that abstinence is meant to be "normal" eating. Skipping meals, eating at inappropriate times, eating larger than normal amounts, or eating a poor nutritional balance of food may be indicators of difficulty and warrant discussion of the abstinence plan. Abstinence is not a diet, and

it is not an eating plan designed to lose weight. Rather, it is a plan of eating that will arrest the addictive disease. Weight loss occurs naturally as the body gets what it needs. Encourage the recovering member to get support from others in recovery (both in and outside the command), assist in establishment of Overeaters Anonymous (OA) meetings (contact OA World Service Office, P.O. Box 92870, Los Angeles, CA 90009, (213) 542-8363, for information on starting meetings) within the command, and ask them to help you with others who are having trouble with food and their weight. There is nothing that aids the recovery of alcoholics, other drug addicts, or chronically obese person so much as to help others to recover.

Level III-Acceptance

Another objective of Level III treatment is to facilitate the patient's acceptance of their incurable, addictive disease, and to clearly identify the ways that the addiction has caused a deterioration in all aspects of his or her life: Level III facilities use a technique known as "tough love," whereby the patient is confronted with the (harsh) realities of their lives (how the addiction is not only a health problem in and of itself, but how it contributes to the deterioration of relationships, work performance, self esteem, motivation, etc.). Daily confrontation in group therapy, workshops, and in every part of the treatment day, is coupled with the caring support of the treatment staff and fellow patients. As the physical effects of the patient's addiction subside (which normally occurs quite quickly), the patient is able to observe and acknowledge the deterioration and begin the life changes necessary to recover from the addiction.

Denial

Untreated alcoholics, other drug addicts and obese members exhibit (to varying degrees) the characteristic of denial, an unwillingness or inability to acknowledge and participate in reality. Examples of denial are insistence in the ability to "handle the problem" by simply finding the right diet, exercise program, eating plan, stress reduction technique, etc., in spite of having tried every weight loss program imaginable, with little or no success; inability to recognize the overeating hurts anyone else, when, in fact, family members are affected when they take second priority to the food, or when diet failures and regimentation make the obese person "impossible to live with;" and in-

ability to recognize that anything else in life is wrong, that "everything would be all right if only everyone would leave me alone about my weight," when in fact the obsession over food, dieting, exercise, and body image leaves little room for anyone or anything else. "Tough love" facilitates breaking through this "denial" by continual confrontation with reality, while providing an unmistakably caring atmosphere which reduces the mistrust and isolation.

How the CFC or DAPA Can Help

Hold the recovering individual accountable for strict adherence to every facet of his or her aftercare plan. Encourage him/her to begin helping others with what he/she has learned in treatment. Your genuine concern and willingness to help will serve as an extension of the rehabilitation environment and foster recovery.

Level III-Coping

A third objective of Level III treatment is to resolve past trauma/practice in real-life situations: Alcoholics, other drug addicts and obese people usually have used their addictions to anesthetize painful feelings for years. Group therapy at Level II or III, conducted by one or two professional counselors with a group of eight to ten patients, encourages the "un-anesthetized" return to the feelings associated with past trauma, originally "medicated" with alcohol, other drugs or food. The recovering patient is taught to live through emotional pain by designing and practicing mature coping skills and dealing with life problems as they occur, without use of alcohol, other drugs or food. The return to addictive substances or behaviors to avoid unpleasant circumstances can be one of the biggest causes for relapse.

How Can the CFC or DAPA Help

The development of healthy coping skills requires constant reinforcement which is most readily available through the support of Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and Overeaters Anonymous (OA). All Level III facilities require attendance at these 12-step meetings throughout the one-year aftercare period for all their graduates. Successful participation requires active involvement, usually defined as attendance in at least three meetings per week, acquiring a program sponsor,

working with other recovering individuals, and performing service work for the organization. The Navy endorses these programs because: (1) they work, better than anything ever attempted, to arrest the addiction, (2) they are free (donations at the member's option), and (3) they are available worldwide.

Level III rehabilitation often uncovers complex, deeply-rooted problems (post-traumatic stress, incest/sexual molestation, marital/relationship dysfunctions, etc.) which require specialized counseling. Since resolution of these problems is critical to recovery, further assistance is often directed in the patient's aftercare plan (e.g., referral to Navy Family Service Center, Navy psychologist/psychiatrist, Chaplain, etc.). The DAPA's monitoring of these follow-up referrals is extremely important.

Resources

OPNAVINST 6110.1 Series

Navy Nutrition and Weight Control Guide Stock #0500-LP-317-3800 (order from NAVPUBFORMCEN--see Chapter 9, Resources)

Dietary Guidelines for Americans Stock #0506-LP-319-1700 NAVPUBFORMCEN

About Wellness Stock #0506-LP-800-0005 NAVPUBFORMCEN

CFC Exercise Leader Handbook Stock #0500-LP-321-7600 NAVPUBFORMCEN

Navy Physical Conditioning Guide Stock #0500-LP-317-6200 NAVPUBFORMCEN

Nutrition and Weight/Fat Control Video 803507DN (see Chapter 9, Resources for ordering information)

About OA (Overeaters Anonymous World Service Office, P.O. Box 92870, Los Angeles, CA 90009 (213) 542-8363))

Recommended Reading

Bill B., Compulsive Overeater. Minneapolis, MN: CompCare Publications (2415 Annapolis Lane, Minneapolis, MN 55441, 1-800-328-3330), 1981.

Bill B., Maintenance for Compulsive Overeaters. Minneapolis, MN: CompCare Publications, 1986.

Bradshaw, John, Healing the Shame That Binds You. Deerfield Beach, FL: Health Communications (3201 SW 15th Street, Deerfield Beach, FL 33442, 1-800-851-9100), 1988.

Brody, Jane E., Jane Brody's Nutrition Book. New York: Bantam Books (666 Fifth Ave., New York, NY 10103 (212) 765-6500), 1987.

Bryan, Nancy, Thin Is a State of Mind. Minneapolis, MN: CompCare Publications, 1980.

Ebbitt, Joan, Spinning: Thought Patterns of Compulsive Over-eaters. Park Ridge, IL: Parkside Publishing Corp., 1987.

Haskew, P., and Adams, C. H., Eating Disorders: Managing Problems With Food. Mission Hills, CA, Glencoe Publishing Company, 1989.

Hollis, Judi, Fat Is A Family Affair. Center City MN: Hazelden Educational Materials (15251 Pleasant Valley Road, Center City, MN 55012, 1-800-328-9000), 1985.

McFarland, Barbara and Tyeis Baker-Baumann, Feeding The Empty Heart: Adult Children and Compulsive Eating. Center City, MN: Hazelden, 1988.

Peck, M. Scott, MD, The Road Less Traveled: A New Psychology of Love, Traditional Values and Spiritual Growth. New York: Simon and Schuster, 1978.

CHAPTER 4, ISSUES AND ANSWERS

ISSUES AND ANSWERS

Counseling and Assistance Centers (CAACs) were asked to identify the five most frequently discussed areas of concern by individuals participating in aftercare counseling. Below is a collection of those issues and some answers. This listing is intended to let the Drug and Alcohol Program Advisor (DAPA) know the kinds of issues which individuals raise and to be aware that they can play an important role in solving some of the problems.

Command

Issue: Individuals have expressed a lack of command support in that: commands often do not establish an aftercare program or when an aftercare program is established it is not provided follow-up.

Answer: A one-year aftercare program for individuals who complete Level II or III treatment is mandated by OPNAVINST 5350.4B. Commanding officers (and their agents, DAPAs) are charged with monitoring the command's aftercare program.

Issue: Individuals have concerns about the command lack of understanding of the disease concept of alcoholism. Some individuals express that the general attitude of their commands is that alcoholism is a sign of a weak-willed person and do not accept alcoholism as a diagnosable disease. In addition, individuals feel that they are expected to be "cured" upon completion of treatment, rather than allowing them to make mistakes, learn from those mistakes, and grow in their recovery.

Answer: The Navy recognizes alcoholism as a treatable disease for rehabilitation purposes. While individuals may have their own thoughts on the matter, the official Navy position is the one that must be followed. Education can help solve this issue. DAPAs need to ensure that command leaders and first-line supervisors attend Alcohol and Drug Abuse Managers/Supervisors (ADAMS) training (mandated by OPNAVINST 5350.4B). Navy Alcohol and Drug Safety Action Program (NADSAP) also is an effective education tool. General Military Training (GMT) using videos (see Chapter 9, Resources) or guest speakers from CAAC, Naval Alcohol Rehabilitation Centers/Departments (NAVALREHCENs/ARDs) or local community treatment facilities can help educate command personnel. Another practical way of getting the word out is through the use of Plan Of The Day (POD) notes.

Issue: Command schedule too full to allow individual to attend aftercare counseling.

Answer: By virtue of the commanding officer's decision to allow the individual to go to Level II or III treatment (of which aftercare is a part), he or she has already acknowledged that the individual has potential for further useful service. Attendance at and frequency of aftercare counseling sessions is a condition of the Aftercare Plan agreed to by the commanding officer and individual.

Issue: Old command not submitting individual's aftercare program information to new command.

Answer: This is a DAPA function which is mandated by OPNAVINST 5350.4 series.

Issue: Command programs encourage drinking.

Answer: Commanding officers and others in command leadership positions set the tone of the command environment. ADAMS discusses this issue. Also see Chapter 5, Attitudes.

DAPA

Issue: Some command DAPAs are not suited for the function. Individuals see their DAPA as not understanding their situation of being an alcoholic, and of not being supportive toward their recovery. Individuals' concerns range from feeling that the DAPA does not understand their situation as an alcoholic, to feelings that the DAPA is more of a "prosecutor" than a support mechanism to their recovery.

Answer: See Chapter 5, Attitudes.

Issue: Non-compliance with OPNAVINST 5350.4B requirement for individual to meet quarterly with DAPA and commanding officer to assess progress.

Answer: This quarterly meeting is mandated by OPNAVINST 5350.4B and must be orchestrated by the DAPA. A sample of a quarterly aftercare review documentation letter is in Chapter 2 (page 21).

Supervisor

Issue: Work centers are many times unwilling to allot time to attend formalized aftercare group sessions.

Answer: ADAMS training for supervisors. Also, the Aftercare Plan, signed by the commanding officer and the individual, specifying attendance at aftercare sessions should be discussed with the supervisor.

Issue: The individual often feels a sense of resentment on the part of others in the work center and a resultant feeling of isolation, when time is allotted for attendance at aftercare group sessions.

Answer: GMT which explains the necessity of aftercare in effective treatment. See also Chapter 5, Attitudes.

Issue: Supervisors lack confidence in the individual's ability to perform his/her tasks.

Answer: ADAMS training for supervisors and, perhaps, the DAPA, supervisor and the individual sitting down together to discuss work expectations and standards. See also Chapter 6, Back At Work--What To Expect.

Family

Issue: The required attendance at Alcoholics Anonymous meetings takes time away from the family.

Answer: Getting the family involved in their own recovery helps this situation. DAPAs may suggest that the family members attend Al-Anon (and Alateen, if appropriate). A referral to Family Service Center or the Chaplain may also help. (See also Chapters 8 and 9, "To Wives" and "The Family Afterward," Alcoholics Anonymous).

Meetings

Issue: Level II aftercare members feel discomfort being at a meeting for alcoholics.

Answer: Level II aftercare members should be going to "open" (speaker and discussion meetings, open to AA members, their families, guests, or anyone interested in the AA program of recovery) AA meetings. This is probably one of the best educational tools available for the abuser to learn where continued abuse can take them and to give them a basis for examining the extent of their own problem. "Closed" AA meetings are for alcoholics and those who have, or think they may have, a problem with alcohol and desire to stop drinking.

Issue: AA (and NA/OA) sponsorship and spirituality.

Answer: These are two areas which the aftercare member must explore for himself/herself. If the DAPA has a network of recovering personnel at the command, he or she may request someone to act as an "interim" sponsor until the aftercare member has had the opportunity to meet others in the group and decide on a "permanent" sponsor for himself/herself. AA World Service, Inc. carries brochures on both sponsorship and spirituality (see Chapter 9, Resources, for catalog address).

Issue: Lack of transportation to meetings.

Answer: Transportation to meetings is not a command responsibility. This is an issue also found in the civilian recovery world. It is up to the recovering individual to ask for a ride to or from meetings. Learning to reach out to others for help is a part of the recovery process.

Stress

Issue: Aftercare members have brought up the subject of cross addiction/abuse, specifically the use of nicotine to deal with stress. They also discuss the abuse of food or the lack of an adequate physical training program and the time during the work day to effect a training program. Some have expressed an interest in smoking cessation programs and command monitored/sponsored physical fitness programs.

Answer: The training programs/time to "PT" is an area where the Command Fitness Coordinator can help. Navy medical has smoking cessation programs. See Chapter 9, Resources, for publications and videos on nutrition/weight control, smoking cessation, and stress management. NADSAP has excellent sessions on stress management and alternatives. Many Family Service Centers also offer stress management programs.

Peers

Issue: Fear of returning to alcohol use, including responding to peer pressure (e.g., how to say "no" to alcohol use). How to have fun without drinking.

Answer: Attendance at NADSAP may be helpful. A lot of time in NADSAP is devoted to dealing with peer pressure, alternatives, and communications. Assertiveness courses and others found at Family Service Centers will also help.

Life Skills

Issues: Controlling emotions/feelings that members say they are experiencing now that the sedative effect of alcohol (drugs or food) has been removed; honesty (how much, when and with whom); maintaining coping skills in their everyday full duty lives.

Answers: Again, NADSAP is an excellent avenue for teaching every day living skills. Family Service Centers may be able to help in some areas. The support and sharing found in 12-Step groups is an excellent source for learning/relearning how to cope with everyday problems. Also, having the DAPA just listen while the aftercare member voices these concerns is helpful. These are also topics that can freely be discussed in AA/NA/OA and CAAC aftercare sessions and with a 12-Step program sponsor.

Career Goals

Issues: Aftercare members appear concerned about impending transfers to new duty stations brought about by their disqualification from their normal duties and how treatment will affect their careers.

Answers: Perhaps command career counselors can be helpful with these issues.

Health

Issue: Feelings of being tired or worn out, lack of initiative, and can't seem to get started.

Answer: Research has revealed that in some recovering

individuals, effects on the central nervous system can go on for months or even years. The symptoms are listed under the title "Postacute Withdrawal Symptoms." They include periods of confusion, difficulty with logical thinking, periods of emotional overreaction followed by emotional numbness, memory problems, lack of coordination leading to being prone to accidents, impaired sleep, and stress management problems. The DAPA's role in this issue is simply one of acknowledging that these are a valid part of recovery and that the individual needs to learn to cope with them through proper diet (see Chapter, Nutritional Needs), exercise, and rest. Sleep patterns of alcoholics (and other drug/food abusers) have been severely disrupted. Sleep habits may never be "normal" again. Sleeping habits should be regular and dependable. There should be a consistent number of hours spent in sleep every 24 hours, not four one night and ten the next. Whatever amount of sleep is required, should be gotten every day. Lack of sleep or irregular sleep causes irritability, depression, and anxiety. See also Chapter 7, Stress. Some of these are "normal" symptoms of recovery and just need to be gotten through. If the feelings of severe fatigue and confusion continue, medical help may be needed. However, aftercare members need to be reminded that cross-addiction (becoming addicted to another substance) is a dangerous likelihood for them and they must be very careful about prescription and over-the-counter drugs. Medical personnel (including dentists) need to be told that an individual is recovering.

The above issues and answers are not listed because the DAPA is expected to know all the answers and be able to "fix" all the issues. It is merely provided to let the DAPA know what kinds of concerns the aftercare members have.

CHAPTER 5, ATTITUDES

FOSTERING HELPFUL ATTITUDES/ MINIMIZING UNHELPFUL ONES

The Drug and Alcohol Program Advisor (DAPA) who reflects a positive, accepting, and knowledgeable attitude in dealing with recovering aftercare members can expect a more cooperative and hopeful individual. For the sake of brevity, the following information will be on recovering alcoholics but the principles are just as important whether the servicemember is recovering from alcohol, other drugs or obesity.

When the alcoholic is treated with respect and compassion, the likelihood is greater that aftercare will be effective and the potential for a return to drinking may be diminished. If the DAPA truly accepts the disease model of alcoholism, emotionally as well as rationally, and reflects this in dealing with aftercare members, then the individuals can begin to regain their sense of self-esteem, worth, and dignity. The possibility of lasting recovery becomes more realistic and the DAPA, the recovering individual and all members in the chain of command will invest more in preventing a relapse.

Helpful Attitudes

As a model toward which to work in shaping their own attitudes, DAPAs can consider these attitudes towards drinking, alcoholism, and alcoholics:

o Drinking alcohol has no moral implication attached to it; those who do drink alcohol are not necessarily bad or good.

o Drunkenness is neither comical nor disgusting, but rather a serious effect of an overdose of a drug.

o Alcoholism is a disease; although complex and not completely understood, it is a disease as legitimate as any other.

o DAPAs have professional responsibilities in helping recovering shipmates and their families who are the victims of alcoholism to the best of their skill, knowledge, and capabilities. If the DAPA is lacking the educational preparation to do so, then such education should be sought out and obtained. Contact with the nearest Counseling and Assistance Center or

the acceptance of other compulsive behavior without moral judgment.

o One of the most important ways in which negative attitudes about alcoholism and alcoholics can be modified is through knowledge. In addition to the DAPA course, self-initiated study and attendance at open AA and Al-Anon meetings can provide much knowledge and be helpful in reversing negative sterectypes of alcoholic people and the effects of alcoholism on friends and family.

o Experience with alcoholic shipmates on an ongoing basis also provides education and opportunities for breaking down the myths and stereotypes of alcoholics which are the basis of negative attitudes. When the DAPA recognizes the alcoholic person as he or she truly is, an otherwise ordinary sailor, this can be a powerful tool in reversing the stigma attached to alcoholism.

What Can the DAPA Do

The DAPA's best tool for changing or improving the command's attitude toward alcoholism/alcoholics is education. Educational opportunities include everything from Indoctrination, Navy Alcohol and Drug Safety Action Program (NADSAP), General Military Training (GMT), and Alcohol and Drug Abuse Managers/Supervisors (ADAMS) training to plan-of-the-day notes, captain's calls, and posters. Not to be overlooked is the method of "education by walking around;" the DAPA takes a few minutes every day or every week to informally visit the different divisions to make his/her presence known and to let people know what his/her role is in the command.

Command attitude is usually set by the command policy. It should be clear and to the point (and definitely should reflect the policies set in OPNAVINST 5350.4 series). That policy has to be communicated -- all personnel should hear and/or see it frequently. Extracts can be posted on bulletin boards in shops/spaces/passageways; it can be emphasized frequently in the POD; it can be incorporated into the command orientation handbook or welcome aboard package. All the best efforts to set and communicate the policy can be torpedoed if it isn't enforced and enforced fairly! The policy must be consistent for all officers, chiefs, petty officers, seamen, men, and women.

Command environmental attitude, starting with the CO and flowing downward should reflect:

- Being drunk isn't funny;
- Drinking is not macho;
- Underage drinking is illegal;
- Drug use, of any proportion, any drug, will not be tolerated;
- Lowered job performance because of alcohol use/abuse will have consequences;
- A good time can be something other than "Miller time;"
- Irresponsible drinking gets discussed, not overlooked; and
- It's perfectly acceptable not to drink.

Command Attitude Evaluation Exercise

DAPAs may wish to evaluate the command's attitude toward alcoholism/alcoholics. Such an evaluation could be an excellent opportunity for GMT. Use the "Exploring Attitudes" exercise on page 44. After individuals have had time to complete, pass them forward, shuffle them and pass them back out. Have five to ten people volunteer to read the answers. Facilitate discussion concerning the various answers. Then show the film Father Martin's Guidelines (may be borrowed from a Counseling and Assistance Center or a Navy Alcohol Rehabilitation Center/Department or ordered from a Navy Audio-visual Library (see Chapter 9, Resources).

EXPLORING ATTITUDES

Complete each of the following statements with the first thoughts that come to your mind as you read the statement.

1. I feel cocktail parties are _____

_____.

2. I believe drinking should begin at age ____ because _____

_____.

3. When friends get drunk I feel _____

_____.

4. I feel the life of an alcoholic _____

_____.

5. I think telling someone he/she has a drinking problem would be_____ because _____

_____.

6. It seems to me than an alcoholic's attitude toward life and living is _____

_____.

7. I have heard that alcoholics _____

_____.

8. I think alcoholics should _____

_____.

9. I think an alcoholic's shipmates should _____

_____.

10. I cannot help but believe that alcoholism _____

_____ _____.

BACK AT WORK -- WHAT TO EXPECT

There is anxiety on both sides -- the returning alcoholic or other drug dependent or obese person, and the supervisor.

Supervisor's Concerns

Usually, the supervisor has several concerns. He or she does not wish to see a continuation of the performance problems which were evident before treatment. The supervisor's trust in the individual may have been destroyed; it may be difficult to believe that the individual can change, can be trustworthy again. And, the supervisor may be feeling either a sense of inadequacy ("I don't know anything about this disease; what if he/she depends on me to know the answers") or a sense of power ("I'll get this person squared away").

Improvements

It may be a pleasant surprise to the supervisor to see some immediate improvements in the individual's performance. For example, attendance and punctuality tend to improve at once. It is not uncommon for an alcoholic who was frequently absent on Mondays or Fridays or a person dependent on prescription drugs who had many unpredictable absences to appear at work without missing a day for several months. Another immediate change may occur in the person's attitude: listlessness becomes energy, resistance becomes cooperation, surliness becomes politeness.

Give It Time

Other aspects of functioning may take longer to improve. Efficiency and productivity, although improving, may not immediately reach 4.0 levels. For example, if the individual learned many aspects of the job while in the active phase of the disease, the job may never have been carried out properly. Some aspects of the work may have to be learned for what is in fact the "first time." Also, there is evidence that the readjustment of a person's neurological functioning after the complete removal of alcohol or another dependence-producing drug may take months to be fully complete. For some individuals, this may mean periods when occasional headaches develop, when concentration is sometimes hard or when sleep is difficult. In such cases, this may restrict an immediate return to full productivity.

Some Do's and Don'ts

Here are some DO'S and DON'TS the DAPA may discuss with the supervisor early on in the aftercare phase:

DO:

--State the performance expectations clearly. The individual cannot live up to expectations if they are not fully understood.

--Be open. If the supervisor has questions or concerns about the individual's performance, he or she should express them directly. Open communication is extremely important.

--Be fair when asked for time off. Just as a supervisor might allow time over the lunch hour for PT, perhaps an extra half hour could be granted for noon 12-Step meetings. Any absences should be scheduled in advance and requested properly.

--Use the same standards of performance for all subordinates. The aftercare member should be held responsible for doing the job, just the same as anyone else doing the same job.

--Communicate with the DAPA. Let him or her know what is going on, particularly if there is a feeling that something isn't right.

--Expect success. If the supervisor expects the best of any individual, he or she may increase the chances of that happening.

--Be yourself. The most important thing is for the supervisor to be himself/herself, honestly and consistently. The supervisor's leadership and management principles should apply just as much with this situation as any other that comes up in the work center.

DON'T

--Don't be protective. The individual will not benefit from getting lots of special privileges. The supervisor should not ignore shortcomings in performance which would not normally be overlooked.

--Don't be overly demanding of the individual. The aftercare member does not benefit from being subjected to constant scrutiny and negative criticism. Give the benefit of the doubt

to the individual at the same rate you would anyone else in the work center.

--Don't delay in confronting performance problems which arise. The individual needs to know that the supervisor means business, that good work is expected.

--Don't talk about the individual's problems with others in the work center. If the supervisor has concerns, he or she should go talk to the DAPA. If the individual's peers want to know what's going on, have them ask the aftercare member directly.

--Don't expect to be told everything that goes on in counseling sessions or meetings. The supervisor doesn't need that type of information; his or her concern should focus on the job performance/conduct in the work center.

--Don't take the individual's successful recovery or relapse personally. The individual has a disease and is responsible for his or her own recovery.

The biggest "DO" of all is for the supervisor to attend Alcohol and Drug Abuse Managers/Supervisors (ADAMS) training. In ADAMS it is stressed that treatment for an alcohol or other drug abuser is not a quick fix. With someone dependent on alcohol or other drugs (or an obese member) recovery is really a lifetime proposition.

It is vital that supervisors understand:

--that aftercare is a part of the treatment process;

--that an individual is not "cured" when they leave Level II or III treatment;

--and, that recovery lasts a lifetime.

STRESS

[DAPA: This may be locally reproduced and given to individual for their retention.]

An issue that keeps cropping up at Aftercare Counseling is stress. Individuals are undergoing so many physical and mental changes, they are trying to change behavior, and yet live within a society where drinking has been a tradition. Unaware or insensitive shipmates and supervisors may have attitudes which telegraph negative ideas (e.g., "you've been to treatment, now you're cured" or "come on, one beer won't hurt"), spouses complaining about the number of support group meetings, a general feeling of fatigue while the body is trying to heal -- stressors come at them from every corner.

Make Stress Work For--Not Against

A major challenge in this stress-filled world is to make the stress work for the individual instead of against him or her. Stress is with us all the time. It comes from mental or emotional activity and physical activity. It is unique and personal to each individual. So personal, in fact, that what may be relaxing to one person may be stressful to another.

Physical Damage

Too much emotional stress can cause physical illness such as high blood pressure, ulcers, or even heart disease; physical stress from work or exercise is not likely to cause such ailments. The truth is that physical exercise can help to relax and to handle mental or emotional stress.

Stress has been defined as "a non-specific response of the body to a demand." The important issue is learning how our bodies respond to these demands. When stress becomes prolonged or particularly frustrating, it can become harmful--causing distress or "bad stress." Recognizing the early signs of distress and then doing something about them can make an important difference in the quality of life, and may actually influence survival. To use stress in a positive way and prevent it from becoming distress, one should become aware of reactions to stressful events. The body responds to stress by going through three stages (1) alarm, (2) resistance, and (3) exhaustion.

While it is impossible to live completely free of stress and distress, it is possible to prevent some distress as well as to minimize its impact when it can't be avoided.

Ways to Handle Stress

When stress does occur, it is important to recognize and deal with it. Here are some suggestions for ways to handle stress. As you begin to understand more about how stress affects you as an individual, you will come up with your own ideas of helping to ease the tensions.

o Try physical activity. When you are nervous, angry, or upset, release the pressure through exercise or physical activity. Running, walking, playing tennis, aerobics, bowling, are just a few of the activities you might try. Physical exercise will relieve that "up tight" feeling and relax you.

o Share your stress. It helps to talk to someone about your concerns and worries. Perhaps a friend, family member, the DAPA, a chaplain, etc., can help you see your problem in a different light. If you feel your problem is serious, seek help from Medical. Knowing when to ask for help may avoid more serious problems later.

o Know your limits. Get enough rest and eat well. If you are irritable and tense from lack of sleep or if you are not eating correctly, you will have less ability to deal with stressful situations.

o Make time for fun. Schedule time for both work and recreation. Play can be just as important to your well being as work; you need a break from your daily routine to just relax and have fun.

o Be a participant. One way to keep from getting bored, sad, and lonely is to go where there is wholesome activity. Sitting alone can make you feel frustrated. Instead of feeling sorry for yourself, get involved and become a participant. Go to support group meetings (you can even go to more than your Aftercare Plan calls for!), get into a card game for fun, work out at the gym, join a baseball team, coach Little League, join a community little theater group -- just be with people.

o Check off your tasks. Trying to take care of everything at once can seem overwhelming, and, as a result, you may

not accomplish anything. Instead, make a list of what tasks you have to do, then do one at a time, checking them off as they're completed.

o Must you always be right? Do other people upset you, particularly when they don't do things your way? Try cooperation instead of confrontation; it's better than fighting and always having to be right. A little give and take on both sides will reduce the strain and make you both feel more comfortable.

o It's OK to cry. A good cry can be a healthy way to bring relief to your anxiety, and it might even prevent a headache or other physical consequences. Take some deep breaths; they also release tension.

o Create a quiet scene. You can't always run away (particularly onboard a ship!), but you can "dream the impossible dream." A quiet country scene painted mentally, or on canvas, can take you out of the turmoil of a stressful situation. Change the scene by reading a good book or playing relaxing music to create a sense of peace and tranquility.

o And, of course, avoid self-medication. Alcohol or other drugs (or overeating) may have relieved stress temporarily in the past but they do not remove the conditions that caused the stress in the first place.

Resources

--Publications (see Chapter 9, Resources, for publication ordering information):

About Stress Management, 0506-LP-800-0000

Anxiety and Recovery, Hazelden Educational Materials

--Video (see Chapter 9, Resources, for video ordering information):

Stress Management, 803505DN

--Courses:

Navy Alcohol and Drug Safety Action Program (NADSAP)

STRESS DANGER SIGNALS

The danger signals listed below focus on the medical and physical symptoms common to tension stress. The Medical Officer can make the best determination of medical conditions, but this checklist can provide a rough measure of stress level.

_____ General irritability, flying off the handle, or depression
_____ Pounding of the heart
_____ Dryness of mouth and throat
_____ Impulsive behavior, emotional instability
_____ Overpowering urge to cry or run or hide
_____ Inability to concentrate or flight of thoughts
_____ Feelings of unreality, weakness, dizziness
_____ Fatigue
_____ Vague anxiety, being afraid and not knowing why
_____ Emotional tension and alertness -- "keyed up"
_____ Trembling, nervous tics
_____ Tendency to be easily startled by small sounds
_____ High-pitched, nervous laughter
_____ Stuttering or other speech difficulties
_____ Grinding of teeth
_____ Insomnia
_____ Increased aimless wandering
_____ Sweating
_____ Frequent need to urinate; diarrhea; indigestion
_____ Migraine headaches
_____ Pain in neck or lower back
_____ Loss of appetite or excessive appetite
_____ Increased smoking
_____ Increased use of prescribed drugs, alcohol or other drugs
_____ Nightmares

The more signs that are present, the stronger the likelihood that there is a serious stress problem present.

NUTRITIONAL NEEDS IN THE RECOVERING ALCOHOLIC

Cellular damage is caused by years of drinking. While in treatment, the alcoholic receives extensive medical testing with the appropriate vitamin and mineral supplements prescribed to repair injured cells and strengthen their defenses against other diseases. Usually, a high protein, low carbohydrate diet will be recommended to control the alcoholic's chronic low blood sugar and prevent the symptoms associated with this condition. Maintenance of a dietary regime with appropriate vitamin and mineral supplements will aid recovery and will decrease the craving for alcohol.

Sugar

Research supports that a great majority of alcoholics suffer from chronic low blood sugar. After a 5-hour glucose tolerance test, a great percent of the alcoholics tested experienced a spike in blood sugar level after intake of sugar and then a rapid plunge. If their erratic blood sugar level is not controlled, alcoholics suffer chronic symptoms of depression, irritability, anguish, fatigue, insomnia, headaches, and mental confusion. Most importantly, low blood sugar causes a craving for substances such as alcohol and sweets which can quickly raise the blood sugar and relieve the symptoms. Therefore, recovering alcoholics must learn to control their sugar intake in order to avoid mood swings, anxiety, depression, and recurring impulses to drink.

Suggestions

Since the healing process can take several years, the alcoholic should continue the high protein, low carbohydrate diet started in treatment. Below are suggestions for eliminating refined carbohydrates and achieving a balance of proteins, natural carbohydrates, and low fat:

--Eat three moderate, well-balanced meals a day.

--Look for foods prepared without sugar, white flour, or other refined carbohydrates.

--Read canned or prepared food labels to avoid use of sugar, syrups, or honey. Additives and preservatives are connected with some food difficulties and should be avoided as much as possible.

--AVOID: alcoholic beverages of any kind; sugar, honey, molasses (includes ice cream, any canned goods (fruits and vegetables) with added sugars, ketchup and other condiments with sugar added); soft drinks and fruit-flavored drinks which contain caffeine or added sugars; coffee or strong tea, both of which cause a rise, then fall, in blood sugar level· medications containing caffeine, such as Anacin, Caffergot, Coricidin, etc. All over-the-counter cold and cough medicines need to be checked for alcohol or caffeine content.

--EAT IN MODERATION: dried fruits (raisins, dates, prunes, etc.); processed meats such as bacon, sausage or ham; breads or cereal products not made with whole grain.

--BEST FOODS: most unprocessed, natural foods; fresh meats, fish and fowl; dairy products, including milk, plain yogurt, cheeses; nuts and seeds (avoid added salt); whole grain foods and unprocessed grain products; fresh vegetables and fruits and unprocessed juices; artificially sweetened foods or drinks such as diet sodas; and decaffeinated coffee, herbal teas.

What Can the DAPA Do

Ensure the recovering individual is aware of the above information. If feasible, the DAPA may want to request diet sodas, decaffeinated coffee, unprocessed fruit juices, fresh or dried fruit be added to the vending machines onboard base or ship. If possible to have an input to the local galley, suggest the above foods be added if not already available.

Recommended Reading

Navy Nutrition and Weight Control Guide, Stock #0500-LP-317-3800 (see Chapter 9, Resources, for ordering info)

Dietary Guidelines For Americans, Stock #0506-LP-319-1700

Ketcham, Katherine and Mueller, L. Ann, M.D., Eating Right To Live Sober. Madrona Publishers, Inc., P.O. Box 22667, Seattle, WA 98122, 1983.

Milam, James R. and Ketcham, Katherine, Under The Influence: A Guide to the Myths and Realities of Alcoholism. Madrona Publishers, Inc., 1981.

Krimmel, Edward and Patricia, The Low Blood Sugar Handbook. Franklin Publishers, P.O. Box 1338, Bryn Nawr, PA 19010, 1984.

RESOURCES -- PRINTED MATERIAL

A limited number of alcohol and other drug abuse publications are stocked at the Navy Aviation Supply Office (assumed duties of former Naval Publications and Forms Center). Correspondence may be addressed to: Naval Publications and Forms, Navy Aviation Supply Office, ASO Code 03171, 5801 Tabor Ave., Philadelphia, PA 19120-5099. All requisitions for publications must be submitted in full MILSTRIP format. Your supply department personnel are usually knowledgeable on requisitioning procedures. If you have ordering questions, call the ASO NAVPUBFORM customer service telephone number (AUTOVON 442-2626/2997 or commercial (215) 697-2626/2997).

TITLE	ORDER NUMBER
Health Fair Resource Guide	0500-LP-001-0830
CFC Exercise Leader Handbook	0500-LP-321-7600
Navy Nutrition Weight Control Guide	0500-LP-317-3800
AA In The Armed Forces	0503-LP-900-2088
How To Be A Good Host	0503-LP-900-4040
ABC's Of Drinking and Driving	0506-LP-600-0000
Up:Down:Sideways On Wet and Dry Booze	0506-LP-600-0010
About Women and Alcohol	0506-LP-600-0100
What Everyone Should Know About Alcoholism	0506-LP-600-0220
Twenty-One Ways To Say No	0506-LP-600-0260
Drink Calculator	0506-LP-600-0270
Alcoholism, The Family Disease	0506-LP-600-0300
Twelve Ways To Cut Down On Drinking	0506-LP-600-0310
Facts About Alateen	0506-LP-600-0348
About Cocaine	0506-LP-600-0370
About Preventing Drug Abuse	0506-LP-600-0420
Learn About Alcohol and Pregnancy	0506-LP-600-0430
If You Drink, What You Should Know and Do	0506-LP-600-1180
Learn About Cocaine	0506-LP-600-1190
Learn About Youth and Drug Addiction	0506-LP-600-1200
Alcohol and Drugs and You and Me	0506-LP-600-1210

In addition, the below listed agencies/vendors carry a wealth of printed material on alcoholism, drug dependency and obesity. Contact them and request catalogs.

National Clearinghouse for Alcohol & Drug Information
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

Office for Substance Abuse Prevention
5600 Fishers Lane
Rockville, MD 20857
(301) 443-0365

AA World Services, Inc.
Box 459, Grand Central Station
New York, NY 10163
(212) 686-1100

Al-Anon Family Groups, Inc.
P.O. Box 862, Midtown Station
New York, NY 10018
(212) 302-7240

NA World Service Office, Inc.
16155 Wyandotte St.
Van Nuys, CA 91406
(818) 780-3951

OA World Service Office
P.O. Box 92870
Los Angeles, CA 90009
(213) 542-8363

Hazelden Educational Materials
Box 176
Center City, MN 55012-0176
1-800-328-9000

Channing L. Bete Co., Inc.
200 State Road
South Deerfield, MA 01373
1-800-628-7733

Johnson Institute
7151 Metro Blvd.
Minneapolis, MN 55439
1-800-231-5165

Health Communications
3201 S.W. 15th Street
Deerfield Beach, FL 33442
1-800-851-9100

CompCare Publications
2415 Annapolis Lane
Minneapolis, MN 55441
1-800-328-3330

Krames Communications
1100 Grundy Lane
San Bruno, CA 94066
1-800-333-3032

Madrona Publishers, Inc.
P.O. Box 22667
Seattle, WA 98122

Independence Press
P.O. Box HH
3225 South Noland Rd.
Independence, MO 64055
1-800-767-8181

American Council for Drug Education, Inc.
5820 Hubbard Drive
Rockville, MD 20852
(301) 984-5700

Edgehill Publications
200 Harrison Ave.
Newport, RI 02840

RESOURCES -- AUDIOVISUAL

Temporary loan of videos and films may be requested through:

Commanding Officer
Naval Education & Training Support Center, Atlantic
Norfolk, VA 23511

or

Commanding Officer
Naval Education & Training Support Center, Pacific
San Diego, CA 92132

Requests should contain the information detailed in OPNAVINST 5290.1 Series. Titles and order numbers are:

TITLE	ORDER NUMBER
We Don't Want To Lose You (1974)	10762
Bourbon In Suburbia (1970)	10771
So Long, Pal (1974)	10775
The Dog That Bit You (1967)	22041
A Time For Decision (1968)	22138
The Summer We Moved To Elm Street (1972)	22144
The Secret Love of Sandra Blain (1971)	22154
Ninety-Nine Bottles of Beer (1973)	22177
One Day At A Time (1973)	22178
The Dryden File (1972)	22182
I'll Quit Tomorrow (1976)	34419
Alcoholism: CAPT Stuart Brownell (1976)	35428
Alcoholism: The Bottom Line (1975)	46022
Under The Influence (1975)	46024
Weber's Choice (1975)	46025
Chalk Talk On Prevention (1977)	46051
Life, Death & Recovery of An Alcoholic (1977)	46053
Father Martin's Alcoholism & The Family (1977)	46054
Soft Is The Heart Of A Child (1980)	46068
Understanding Alcohol: Use/Abuse (1980)	46072
Romance to Recovery (1979)	82179
The Enablers (1979)	82261
Epidemic--Kids, Drugs and Alcohol (1982)	504302
Drug Information Series (1984):	
Stimulants	504344
Depressants	504345
Hallucinogens	504346
Narcotics	504347
Marijuana	504348
Alcohol	504349
Inhalants	504350
My Father's Son (1984)	504355
Navy Urinalysis Drug Screening: Basic Tool For Zero Tolerance (1983)	800229
The Only Thing Wasted Is You (1982)	800356

Drinking & Driving: The Toll, The Tears (1986)	803408
Smoking Cessation (1989)	803504
Stress Management (1989)	803505
Nutrition and Weight/Fat Control (1989)	803507
Drug and Alcohol Abuse: Zero Tolerance (1989)	803508
Father Martin's Guidelines	PIN # 46021

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In addition to print and audiovisual resources, several national agencies/organizations with specific target audiences exist. While some of these might not be helpful in the DAPA's aftercare program, they may be of use in an overall educational way (e.g., posters, information for Plans of the Day, referral resources for individuals wishing to work in the community, etc.). The DAPA should add his/her own local network to this list--what a valuable tool to pass to the incoming DAPA!

SELF HELP

Alcoholics Anonymous
Al-Anon/Alateen
Narcotics Anonymous
(see page 56 for addresses)

Parents Anonymous
6733 S. Sepulveda Blvd.
Suite 270
Los Angeles, CA 90045
1-800-421-0353

National Association of
Children of Alcoholics
P.O. Box 3216
Torrence, CA 90505
(714) 499-3889

Women for Sobriety, Inc.
P.O. Box 618
Quakertown, PA 18951
(215) 536-8026

Toughlove
P.O. Box 1069
Doylestown, PA 18901
(215) 348-7090

Nar-Anon Family Group
Headquarters, Inc.
World Service Office
P.O. Box 2562
Palos Verdes Peninsula,
CA 90274
(213) 547-5800

YOUTH

Just Say No Foundation
1777 N. Ca. Blvd, Suite 210
Walnut Creek, CA 94596
1-800-258-2766

Students Against Drunk Drvg
P.O. Box 800
Marlboro, MA 01752
(508) 481-3568

Boys Clubs of America
771 First Avenue
New York, NY 10017
(212) 351-5900

Project STAR
P.O. Box 8480
Kansas City, MO 64114
(816) 363-8604

Quest International
537 Jones Road
Grandville, OH 43027-0566
(614) 587-2800

National Child Safety Council
P.O. Box 1368
Jackson, MI 49204
(517) 764-6070

Youth Who Care
P.O. Box 4074
Grand Junction, CO 81502
(303) 243-5364

Project Graduation
National Highway Traffic
Safety Administration
400 7th Street, SW
Washington, DC 20590
(202) 366-1755

Girl Scouts of USA
830 3rd Avenue
New York, NY 10022
(212) 940-7500

Campfire, Inc.
4601 Madison Ave.
Kansas City, MO 64112
(816) 756-1950

The National 4-H Council
7100 Connecticut Ave.
Chevy Chase, MD 20815
(301) 961-2800

Boy Scouts of America
1325 Walnut Hill Lane
Irving, TX 75038

PARENTS/FAMILIES

Mothers Against Drunk Driving
P.O. Box 541688
Dallas, TX 75354-1688
(214) 744-6233

Parent Resources Institute
for Drug Education, Inc
(PRIDE)
50 Hut Plaza
Atlanta, GA 30303
(404) 577-4500

Families in Action
2296 Henderson Mill Road
Suite 204
Atlanta, GA 30345
(404) 934-6364

National Federation of
Parents for Drug-Free
Youth (NFP)
P.O. Box 3878
St. Louis, MO 63122
(314) 968-1322

Parents Association to
Neutralize Drug and Alcohol
Abuse, Inc. (PANDA)
411 Watkins Trail
Annandale, VA 22003
(703) 750-9285

EDUCATION

Wisconsin Clearinghouse for
Alcohol & Other Drug Info
P.O. Box 1468
Madison, WI 53701-1468
(608) 263-2797

American Council for
Drug Education
204 Monroe Street
Rockville, MD 20850
(301) 294-0600

Campuses Without Drugs
2530 Holly Drive
Pittsburgh, PA 15235
(412) 731-8019

U.S. Dept of Education
Drug-Free School
400 Maryland Ave., SW
Washington, DC 20202-6439
(202) 401-1599

COMMUNITY SERVICE/FRATERNAL

YMCA
101 N. Wacker Drive
Chicago, IL 60606
(312) 977-0031

Kiwanis International
Public Relations
3636 Woodview Trace
Indianapolis, IN 46268
(317) 875-8755

National Board of YWCA
726 Broadway
New York, NY 10003
(212) 614-2827

American Legion
National Youth Division
P.O. Box 1055
Indianapolis, IN 46206
(317) 635-8411

ELKS
Drug Awareness Program
P.O. Box 569
Ashland, OR 97520
(503) 482-3911

MINORITIES

Institute on Black Chemical Abuse
2616 Nicollet Ave., South
Minneapolis, MN 55408
(612) 871-7878

COSSMHO
1030 15th Street, NW
Suite 1053
Washington, DC 20005
(202) 371-2100

Indian Alcoholism Counseling and Recovery Program
375 South 300 West
Salt Lake City, UT 84101
(801) 328-8515

EMPLOYEE ASSISTANCE

Association of Employee Assistance Professionals
4601 N. Fairfax Dr.
Suite 7001
Arlington, VA 22203
(703) 522-6144

Drug Abuse Workplace Issues
American Management Assoc.
Membership/Publication Div.
135 W. 50th Street
New York, NY 10020
(212) 903-8070

LAW ENFORCEMENT/LEGAL

Drug Enforcement Admin.
Dept. of Justice
600 Army Navy Drive
Arlington, VA 20537

American Bar Association
Advisory Commission on Youth, Alcohol and Drug Problems
1800 M Street, NW
Washington, DC 20036
(202) 331-2290

Substance Abuse Narcotics Education Program (SANE)
Los Angeles County Sheriff
11515 S. Colima Road
Bldg. D111
Whittier, CA 90604
(213) 946-7263

MEDIA

National Speakers Bureau
352 Halladay Street
Seattle, WA 98109
(206) 282-1234

Entertainment Industries Council, Inc.
1760 Reston Pkwy., Suite 415
Reston, VA 22090
(703) 481-1414

National Association of Broadcasters
1771 N Street, NW
Washington, DC 20036
(202) 429-5447

SPORTS

National Basketball Assoc.
645 5th Ave.
New York, NY 10022
(212) 826-7000

Women's Sports Foundation
342 Madison Ave., Suite 728
New York, NY 10173
1-800-227-3988

SAFETY

American Automobile Assoc.
Foundation for Traffic Safety
12600 Fairlakes Circle
Fairfax, VA 22033
(703) 222-6000

National Child Safety Council
P.O. Box 1386
Jackson, MI 49204
(517) 764-6070

TOLL FREE HOTLINES

1-800-241-9746 PRIDE Info

1-800-COCAINE

1-800-662-HELP Nat'l Institute on Drug Abuse

1-800-ALCOHOL Nat'l AlcoholHotline

1-800-BAD-WEED Report marijuana growing

SAMPLE POD INPUT

Alcohol and other drug awareness education can be accomplished through Plan of the Day notes or articles in the base/ship newspaper. Below are some samples which may be used.

ALCOHOL AND OTHER DRUG FIND-A-WORD

Circle the clue words found in the grid below.

F	N	M	E	R	E	V	O	G	N	A	H
R	L	A	S	D	D	R	U	G	A	S	M
O	A	E	A	I	S	O	B	E	R	C	A
L	N	E	E	D	L	E	S	G	C	O	R
I	P	T	S	T	A	O	D	M	O	N	I
A	S	P	I	H	S	M	H	T	T	T	J
S	A	N	D	W	I	C	H	O	I	R	U
G	N	I	L	E	S	N	U	O	C	O	A
U	R	I	N	A	L	Y	S	I	S	L	N
S	C	O	C	A	I	N	E	S	U	B	A

Abuse
Alcoholism
Cocaine
Control
Counseling
Diet
Disease
Drug
DWI
Fleet
GMT
Hangover
Marijuana
Narcotics
Needles
Sailor
Ships
Sober
Urinalysis

Circle the clue words found in the grid below.

L	E	G	A	L	P	P	A	S	D	A	N
O	L	C	E	D	R	U	G	S	F	I	L
H	A	C	O	R	E	V	C	Y	T	E	Y
O	I	G	M	T	V	H	V	N	C	R	A
C	N	W	I	N	E	A	E	E	L	A	P
L	E	G	J	M	N	M	U	R	S	C	A
A	D	D	I	C	T	I	O	N	D	R	D
M	P	C	P	A	I	P	T	R	E	E	B
U	A	G	E	S	O	B	R	I	E	T	Y
L	W	R	B	D	N	Q	U	F	H	F	K
S	T	R	E	S	S	S	M	A	D	A	O

ADAMS
Addiction
Aftercare
Age
Alcohol
Ale
Beer
Chemical
DAPA
Denial
Drugs
GMT
Ice
Legal
LSD
NADSAP
Navy
PCP
Prevention
Rum
Sobriety
Stress
Treatment
Wine

POD INPUTS

ALCOHOL AND OTHER DRUG FIND-A-WORD

Circle the clue words found in the grid below.

A	L	A	W	A	R	D	H	T	I	W
F	F	O	R	E	C	O	V	E	R	Y
T	Y	T	O	L	E	R	A	N	C	E
S	V	B	E	R	E	L	A	P	S	E
G	A	A	D	R	U	G	S	L	S	D
N	N	B	L	A	C	K	O	U	T	S
I	C	R	O	L	I	A	S	G	M	T
T	G	N	I	K	N	I	R	D	G	I
E	E	R	O	H	S	O	B	E	R	M
E	C	N	A	T	S	B	U	S	A	I
M	P	A	S	D	A	N	D	E	M	L

Aftercare
Blackouts
Clean
Drinking
Drug
GMT
Gram
Gulp
LSD
Meetings
NADSAP
Navy
Recovery
Relapse
Sailor
Shore
Sober
Substance
Tolerance
Withdrawal

SAMPLE POD NOTES

-Aftercare, a one-year long continuation of Level II or III alcohol or other drug abuse or obesity treatment, is mandated by OPNAVINST 5350.4 series.

-An individual who returns to his/her command from a six-week Level III alcohol, other drug or obesity treatment program in <u>not</u> cured. For them, recovery is a life-long process.

-A quarterly progress review, attended at a minimum by the aftercare member, the Drug and Alcohol Program Advisor (DAPA) and the C.O., is mandated by OPNAVINST 5350.4 series.

-Alcoholics Anonymous (AA) meeting attendance and 12-step work for the recovering alcoholic is a discipline and requirement as necessary as insulin for the diabetic or exercise and diet for the recovering heart patient.

-Alcoholism, other drug addiction and chronic obesity are diseases which are <u>incurable</u> but <u>treatable</u>. Recovery is possible only through a lifelong program designed to arrest the illness.

-Aftercare is not a stand-alone program. It is part of a process which includes: (1) the harmful involvement with alcohol or other drugs; (2) the formal treatment period; (3) the formal aftercare phase (which is, in fact, a continuation stage of treatment); and (4) the life-long continuing maintenance of recovery.

-Aftercare counseling enables members to work through living problems as well as problems arising from alcohol or other drug abuse or obesity.

-Aftercare is "risk insurance" -- a means of working through problems to avoid a relapse into the active portion of alcoholism, other drug addiction or chronic obesity.

-Behaviors and attitudes do not change overnight to remain that way without continued effort and discipline on the part of the aftercare member in the total recovery process.

-Navy obesity rehabilitation programs focus on the three primary elements of nutrition, exercise and lifestyle change.

-Members who measure in the obese body fat category must be screened by an authorized medical department representative to be diagnosed medically obese.

-The goal of the CAAC obesity rehabilitation program is to assist the "non-addicted food abuser" to lose excess body fat and maintain the loss in a gradual, healthful manner by making eating, exercise and lifestyle changes which will become permanent.

-Experience shows that radical eating restrictions and intense exercise will result in fast short-term weight loss, but can be physically dangerous, can lead to development of bulimic tendencies, and almost always results in eventual regain of the weight over the long term.

-A weight loss program is much more likely to be successful if you are doing it for you, rather than because your doctor, spouse, friend, or regulations say you should.

-There are many weight loss programs available, but successful programs include a moderate eating plan, an exercise program and lifestyle changes to provide for an acceptable body fat percent which can be maintained on a permanent basis.

-After completing an obesity rehabilitation program, an individual remains in a command directed physical conditioning program until the 22 percent (male) or 30 percent (female) standard is achieved.

-People who are obese/overfat have a greater chance of developing some chronic disorders. Obesity/overfat is associated with high blood pressure, increased levels of blood fats (triglycerides), cholesterol, heart disease, strokes and most common types of diabetes.

-For Navy purposes, obesity is initially indicated by body fat measurement, but must be diagnosed by an authorized medical department representative.

-The goal of a sensible weight loss program is to lose one to two pounds per week.

-Weight (fat) loss does not occur evenly over time. The pounds shed quickly over the first few weeks will be primarily water loss. After a few weeks, the body reaches a plateau and begins to metabolize fat at a much slower rate.

-Weighing is an important part of a weight control program, but should not be done too frequently. Since weight fluctuates daily, frequent weigh-ins may discourage even the successful dieter. A good rule to follow would be no more than one weigh-in per month.

-Chronic obesity has psychological, emotional, physical and spiritual aspects. It shares most of the same characteristics of alcoholism and drug addiction, especially the progressive loss of control of food use/weight/body image, and continued obsessive use of food in spite of adverse consequences.

CHAPTER 10, EXERCISES

EXERCISES

This chapter of exercises is intended for the use of the DAPA who is serving in a remote area or onboard a ship where there are no 12-step meetings in existence (and little likelihood of any being started). The exercises are NOT to be used as punishment or psychological testing or substitutions for 12-step meetings where they exist. The sole intent is to have the aftercare member focus in on some recovery issues. In an area where community resources are scarce or non-existent, the commanding officer may want to modify the treatment-facility prepared aftercare plan by substituting some of the exercises for 12-step meetings or CAAC aftercare counseling (where there is no CAAC available).

If you use these exercises, they should be given to the aftercare member for completion and brought back to you as proof of completion. YOU WILL NOT GRADE THE CONTENT -- NOR WILL YOU ATTEMPT TO ANALYZE THE RESPONSES. The exercises may be used as a springboard for discussion if the aftercare member so desires.

Some of the exercises are applicable only to Level III aftercare members. They focus on abstinence and relapse prevention. Other exercises are appropriate only for Level II aftercare members and focus on coping skills for high-risk situations. Each exercise will be marked to show Level II or Level III.

In addition to these exercises, the suggestions given in Chapter 2 (page 8) regarding AA Loners' Internation or topic essays, etc., another excellent aftercare tool are audiocassettes. If possible, you should purchase the cassettes (see catalogs from vendors listed in Chapter 9) and have the aftercare member listen and then discuss content. Again, this alternative is not intended to be a substitute for 12-step meetings -- there are no better recovery tools, when available.

EXERCISES

LEVEL III

AFTERCARE GOALS

Have aftercare member study the following goals and add at least three of his/her own.

1. A life free from alcohol/other drugs or obesity.
2. Continuing, active membership in a 12-step program.
3. Strengthening gains and insights made in Level II or III treatment.
4. Admitting the fact of dependence.
5. Dealing with the urge to become "intoxicated" through use of alcohol, other drugs or food.
6. Developing feelings of responsibility.
7. Making the most of potential and personal growth.
8. Learning to identify feelings and defense mechanisms.
9. Starting behavior and attitude changes.
10. Continuing daily disciplines and tasks to remain abstinent.
11. Identifying, talking about and resolving family tensions.
12. Raising self worth.
13. Improving communications skills.
14. Developing flexibility, openness, sharing.
15. Working through old resentments.
16. Learning to socialize without alcohol, other drugs, or over-eating.
17. Motivation for continued educational experiences.
18. _____
19. _____

(use back of sheet to list more goals)

AFTERCARE GOALS

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

I am having difficulty with goal # _____, because _____

_____

_____

_____.

I will do the following to help me achieve goal # _____: _____

_____

_____

_____

_____

_____

_____.

I have discussed this with (circle those that apply) my AA NA OA Sponsor, my DAPA, my Aftercare Counselor at CAAC, the Chaplain. Their response was: _____

_____

_____

_____

_____

LEVEL III

WHAT DO I TELL PEOPLE?

Some friends may not even know you were away (at Level III treatment). You may want to answer "Hi, how are you?" with "OK--how's it going?" Don't feel you have to bare your soul to everyone you meet. If they're casual friends, they may not want to hear about your ordeal and new lease on life.

Some friends who know you've been away may not call or may avoid you because they don't know what to say. Don't assume that they don't care or aren't interested. They may need time to figure out how to handle the situation. Maybe they feel a bit guilty about having talked you into hitting the bars, or about not confronting you. Or maybe they have a drinking problem, and your sobriety is very threatening to them. Above all, don't get on a soapbox about the joys of sobriety--it's not your job to recruit for AA!

Remember, friends are people who love and accept you where you are, not where they want you to be.

To help you decide what to tell different people, draft some responses.

I'll tell my spouse or other "special" person: _____

_____

_____

_____

_____.

I'll tell my Mom and/or Dad: _____

_____

_____

_____

_____.

WHAT DO I TELL . . . (cont'd)

I'll tell my former shipmate, when I bump into him/her, ___

_____

_____.

I'll tell _____, _____
(you fill in the blank)

_____

_____.

I'll tell _____, _____
(you fill in the blank)

_____

_____.

I'll tell _____, _____
(you fill in the blank)

_____

_____.

When I discussed what to tell people where I've been with my AA (NA/OA) sponsor, he/she said: _____

_____

_____

_____

_____

_____.

LEVEL II OR III

BALANCE

CONTINUED TREATMENT: AA/NA/OA, aftercare counseling

LIFE GOALS: develop attainable occupational or educational goals of interest

PHYSICAL HEALTH: proper eating habits, exercise, rest, physical & dental checkups

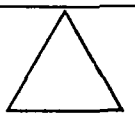
RELATIONSHIPS: develop new sober friendships; eliminate relationships which threaten sobriety

RECREATION/LEISURE: constructive interests which don't involve drinking/drugging/overeating

SELF ESTEEM: make positive changes; reward self for progress; also count strengths when taking self inventory

FINANCIAL: reality in earning versus spending; workable budget

SPIRITUAL: trusting relationship with a power greater than self that gives meaning and purpose to life



1. Of the above, what is <u>in</u> balance in your life today?

BALANCE

CONTINUED TREATMENT	**LIFE GOALS**
PHYSICAL HEALTH	**RELATIONSHIPS**
RECREATION/LEISURE	**SELF ESTEEM**
FINANCIAL	**SPIRITUAL**

2. What is out of balance -- and what two things can you do to put each one into balance?

_____ 1_____

2_____

_____ 1_____

2_____

_____ 1_____

2_____

_____ 1_____

2_____

_____ 1_____

2_____

NOTES/IDEAS: _____

LEVEL III

THE DIVISION PARTY

The Division social event of the year is coming up. You know there will be drinking there and that makes you nervous. You can choose not to attend. Or, if you really want to go, ask a friend in AA (NA or OA) to go with you.

If you go, take your own transportation so you can leave whenever you want to, preferably early. Go on a full stomach to help avoid temptation. Probably no one will notice if you order club soda with a twist rather than a beer; remember, one-third of the people in this country don't drink. If someone questions you about not drinking, tell them your doctor advised against it, or you've stopped drinking for health reasons or as a matter of conscience, or your stomach is queazy. The pushy types may have to be handled less gently. Ask "what is there about my not drinking that makes you so uncomfortable?" That usually shuts them up pretty quickly.

Saying "no" to something you've said "yes" to for a long time takes practice. For this exercise, think about four different drinking situations you might find yourself in and write out your refusal. Practice these phrases you've written until they roll right off your tongue.

SITUATION #1: I am at _____

_____.

Someone says, "_____

_____.

And I say, "_____

_____

_____

_____.

SITUATION #2: I am at _____

_____.

THE DIVISION PARTY (cont'd)

Someone says, "_____

_____."

And I say, "_____

_____

_____."

SITUATION #3: I am at _____

_____.

Someone says, "_____

_____."

And I say, "_____

_____

_____."

SITUATION #4: I am at _____

_____.

Someone says, "_____

_____."

And I say, "_____

_____

_____."

My AA (NA/OA) sponsor says a good comeback is _____

_____

_____

LEVEL III

USE OF LEISURE TIME

You're probably saying "what leisure time?" The day will come when you have some extra minutes or hours. One of the issues facing every recovering person is that of constructively using free or leisure time during sobriety. When you give up using alcohol (or other drugs or compulsively overeating), and all the related activities, you must find new replacements. You cannot afford to allow boredom and a lack of constructive activities to give you reason to return to old behaviors.

Think of the most difficult times of the day and week for you. List these below in order from most to least difficult:

1. _____

2. _____

3. _____

4. _____

List leisure activities you have enjoyed in the past (excluding activities centering around alcohol or drug use):

1. _____

2. _____

3. _____

4. _____

5. _____

List those activities which you have given up due to your disease:

1. _____

2. _____

3. _____

4. _____

Chapter 10, Exercises

List those activities in which you will continue to participate during your ongoing recovery program:

1. _____

2. _____

3. _____

4. _____

Make a list of several new leisure time activities you would like to do as part of your ongoing recovery:

1. _____

2. _____

3. _____

4. _____

List three reasons why it is important for your ongoing recovery to have constructive leisure time activities:

1. _____

2. _____

3. _____

People sometimes prevent themselves from following through with their plans and create their own barriers. List how you might prevent yourself from following through with your leisure time activities:

1. _____

2. _____

3. _____

Now list what you will do to overcome those barriers:

1. _____

2. _____

3. _____

LEVEL II OR III

$$$$$

Think back to the drinking (drugging, compulsive overeating) days...and all the money you spent. As near as you can recollect, fill in the dollar amounts spent in one "typical" week (including the weekend!). If some blocks don't apply, but there were others that aren't listed, add those.

$_____	Booze (beer, wine, liquor)
_____	Cover charge at bar/lounge
_____	Buying for others
_____	DWI
_____	Legal fees
_____	Increase in insurance
_____	Busted in rate (loss of pay)
_____	Fines
_____	_____
_____	_____
_____	Average weekly total

Now, add up your "costs" in sobriety for a "typical" week.

_____	12 Step meeting contributions
_____	_____
_____	_____
_____	Average weekly total

What are you going to do with all that money you're saving? Pay off old debts? Buy a new car? Invest it? Many Navy Family Service Centers have Financial Advisors who can help you set up a budget or decide the best investment route. Check it out!

LEVEL II OR III

DECISION MAKING

Decision making is difficult for many people. For some decisions, flipping a coin just is not a good enough technique. Believe it or not, there is an actual process that can be easily learned which will help you make better decisions. There are three parts to the process: defining the problem; generating possible alternative solutions, and acting on the solution with the most positive and least negative consequences. Use this exercise to make a decision regarding an issue in your recovery (e.g., problem: should I join the Division bowling team?).

DEFINE THE PROBLEM: (e.g., I like to bowl, I'm a good bowler, I've been asked to join the Division team, the present team members all drink the entire time they're bowling) _____

_____

_____

_____

_____

_____

_____

_____.

LIST ALTERNATIVES: Ask yourself: What are some ways I can get what I want?; what can I do to alter the problem situation?; what elements of the problem situation can I control? (e.g., I want to bowl but the pressure to drink along with my teammates may be strong; I could ask them not to drink but I don't really think they'll change their drinking habits; I can either not bowl at all or I can look for another team to join--maybe even form one of AA members.)

Alternative 1: _____

_____

_____.

Alternative 2: _____

_____.

Alternative 3: _____

_____.

Now review your alternatives, then write down the first feeling that occurs to you in relation to that alternative. Then list the positive and negative consequences of each alternative.

Alternative 1: _____

Feeling: _____

Positive consequences: _____

_____

Negative consequences: _____

_____

Alternative 2: _____

Feeling: _____

Positive consequences: _____

_____

Negative consequences: _____

_____

Alternative 3: _____

Feeling: _____

Positive consequences: _____

_____

Negative consequences: _____

_____

REMEMBER THE DECISION-MAKING FORMULA: DEFINE THE PROBLEM, SEEK ALTERNATIVE SOLUTIONS, CHOOSE THE ONE WITH THE MOST POSITIVES!

LEVEL III

A RELAPSE BAROMETER

Relapse, a return to drinking, drugging, or compulsive overeating, does not start with the first drink, drug use, or overeating. It begins with a change in behavior or thinking. There are many danger signs. While the aftercare member usually denies or fails to see the signs, nearly every person close to him/her is able to recognize them. It helps to go over an inventory of symptoms periodically with a confidante, be it a spouse, an interested friend or the DAPA. Below are some of the signs (in terms of an alcoholic but just as applicable for other addictions) and space for you to rate yourself and someone else to rate you. Be honest with yourself; you're worth it!

	I FEEL:			OTHER:	
	Just Like This	A Little Like This	Not at All Like This	I See This	I Don't See This
Exhaustion: Allowing yourself to become overly tired or in poor health. Some alcoholics are also prone to work addictions--perhaps they are in a hurry to make up for lost time. Good health and enough rest are important. If you feel good, you are more apt to think well. Feel poor and your thinking is apt to deteriorate. Feel bad enough and you might begin thinking a drink couldn't make it any worse.					
Dishonesty: This begins with a pattern of unnecessary little lies and deceits with fellow workers, friends & family. Then come important lies to yourself. This is called rationalization--making excuses for not doing what you do not want to do.					

Impatience: Things are not happening fast enough. Or others are not doing what they should or what you want them to.

Argumentativeness: Arguing small & ridiculous points of view indicates a need to always be right. "Why don't you be reasonable & agree with me?" Looking for an excuse to drink?

Depression: Unreasonable & unaccountable despair may occur in cycles and should be dealt with--talked about.

Frustration: At people & also because things may not be going your way. Remember, everything is not going to be just the way you want it.

Self-pity: "Why do these things happen to me?" "Why must I be an alcoholic?" "Nobody appreciates all I am going through/doing."

Cockiness: Got it made--no longer fear alcoholism. Going into drinking situations to prove to others you have no problem. Do this often enough and it will wear down your defenses.

I FEEL:			OTHER:	
Just Like This	A Little Like This	Not at All Like This	I See This	I Don't See This

RELAPSE BAROMETER (cont'd)

Complacency: "Drinking was the farthest thing from my mind." Not drinking was no longer a conscious thought either. It is dangerous to let up on disciplines because everything is going well. Always to have a little fear is a good thing. More relapses occur when things are going well than otherwise.

Expecting too much from others: "I've changed; why hasn't everyone else?" It's a plus if they do--but it is still your problem if they do not. They may not trust you yet, may still be looking for further proof. You cannot expect others to change their lifestyles just because you have.

Letting up on disciplines: Prayer, meditation, daily inventory, AA attendance. This can stem either from complacency or boredom. You cannot afford to be bored with your program. The cost of relapse is always too great.

I FEEL:			OTHER:	
Just Like This	A Little Like This	Not at All Like This	I See This	I Don't See This

Using some other substance: You may feel the need to ease things with a pill, more cigarettes, more coffee, more food. You may never have had a problem with chemicals other than alcohol, but you can easily lose sobriety by switching addictions.

Wanting too much: Don't set goals you can't reach with normal effort. Don't expect too much. It's always great when things you weren't expecting happen. You'll get what you're entitled to as long as you do your best, but maybe not as soon as you should.

Forgetting gratitude: You may be looking negatively on your life, concentrating on problems that still are not totally corrected. It is most helpful to remember where you started from--and how much better things are now.

It can't happen to me: This is dangerous thinking. Almost anything can happen to you & is more likely to if you get careless. Remember, you have a progressive disease, & you will be in worse shape if you relapse.

	I FEEL:			OTHER:
Just Like This	A Little Like This	Not at All Like This	I See This	I Don't See This

LEVEL III

UNCONDITIONAL SOBRIETY

Many people complete treatment sincerely believing they will never drink, drug or overeat compulsively again. They believe they will remain sober, clean or abstinent for the rest of their lives. But sometimes--there are conditions beyond the unconditional--something so horrendous that one's first unthinking response is to reach for a drink, a drug, or food. No one really wants to look at the condition beyond unconditional; however, taking an honest look at it and planning some alternatives from the old behavior may just save your life. You will have to take some time and dig quite deeply to find what might trigger a relapse for you (the death of a spouse or other close loved one?, a divorce?, personal injury or illness?, being separated from the Navy?). Once identified, plan now for your alternatives (talk to your sponsor?; go to more meetings?; talk to the chaplain?; read more program literature?). Just remember, no matter what happens, you will survive the tragedy; and, you have the choice of whether it will be a good survival or a bad survival.

A relapse triggering event for me might be _____

_____

_____

_____.

I will plan now that if the above were to happen, I would take the following actions to keep from drinking, drugging or overeating compulsively: _____

_____

_____

_____

_____

_____

_____

A relapse triggering event for me might be _____

_____

_____

_____.

I will plan now that if the above were to happen, I would take the following actions to keep from drinking, drugging or overeating compulsively: _____

_____

_____

_____

_____.

A relapse triggering event for me might be _____

_____

_____

_____.

I will plan now that if the above were to happen, I would take the following actions to keep from drinking, drugging or overeating compulsively: _____

_____

_____

_____

_____

_____

_____

_____.

LEVEL II OR III

SYMPTOMS IN SOBRIETY

PANICKY! CONFUSED! OVERWHELMED! ANXIOUS! FEARFUL!

HAVING A NERVOUS BREAKDOWN! UPSET! FRUSTRATED!

IRRITATED! FATIGUED! NERVOUS! SLUGGISH! RESTLESS!

Any of the above apply to you? We all know there are symptoms of the disease of alcoholism -- but did you realize that there are also symptoms that go along with recovery? Recovery from the nervous system damage done by alcohol usually requires from 6-24 months with the assistance of a healthy recovery program. The symptoms experienced are from extended withdrawal. Not everyone will have all the symptoms and the degree of severity of the symptoms varies greatly. It is important for the person in recovery to know about these symptoms; to know that they are "normal" and, in most cases, are short lived. Without this knowledge, the recovering person may feel that recovery isn't worth it; that they are hopeless; that if recovery is so painful, why go through it; and a whole host of other negatives. After reading each symptom, think back through last week and see if you felt any of the above symptoms. If so, how did you react and how could you improve the way you reacted?

1. I felt _____, and I _____

_____

_____.

Another way to have handled the situation would have been to ___

_____

_____

_____.

2. I felt _____, and I _____

_____

_____.

Another way to have handled the situation would have been to ___

_____

_____

_____.

3. I felt _____, and I _____

_____

_____.

Another way to have handled the situation would have been to ___

_____

_____

_____.

4. I felt _____, and I _____

_____

_____.

Another way to have handled the situation would have been to ___

_____

_____

_____.

From this exercise, I have learned: _____

_____

_____

_____

_____

_____

_____

LEVEL II OR III

IMPAIRMENT AND CONSEQUENCES

Because it is a drug, alcohol impairs judgment and function no matter the amount consumed. For an alcohol abuser or alcoholic, tolerance develops and it will take more alcohol to reach the effects listed below. The left column shows the impairment effect at certain blood alcohol concentrations (BAC). The middle column lists places where you might be; and the right column is for you to fill in the negative consequences of what might happen to you at that BAC and place.

BAC & EFFECT	PLACE	CONSEQUENCES
.05 Lowered alertness (attention lapses), feeling of well being, release of inhibitions (talkativeness), impaired judgment (talking too loudly)	At work	
	At the Club	
	Driving	
.10 Slowed reaction times and impaired motor functions, carelessness (spilling drinks)	At work	
	At the Club	
	Driving	
.15 Large, consistent increases in reaction time (inability to stop a vehicle in order to avoid an accident)	At work	
	At the Club	
	Driving	
.20 Marked depression in sensory and motor capability, decidedly intoxicated (inability to perform a field sobriety test)	At work	
	At the Club	
	Driving	

BAC & EFFECT	PLACE	CONSEQUENCES
.25 Severe motor disturbance (staggering), sensory perceptions greatly impaired (double vision)	At work	
	At the Club	
	Driving	
.30 Stuporous but conscious (no comprehension of surrounding world)	At work	
	At the Club	
	Driving	
.35 Surgical anesthesia (almost complete loss of feeling and sensation); one of every one hundred persons die with a BAC level of .35	At work	
	At the Club	
	Driving	
.40 In a coma or stupor; one half of all people will die with a BAC level of .40	At work	
	At the Club	
	Driving	

The chart below will show you how many drinks it takes for a 150 pound man (non-alcoholic/abuser) to reach a certain BAC:

TIME IN HOURS	NUMBER OF DRINKS								
	1	2	3	4	5	6	8	10	12
1	.03	.05	.08	.11	.14	.16	.22	.27	.33
2	-	.03	.06	.08	.11	.14	.20	.26	.32
3	-	.01	.04	.07	.10	.13	.18	.24	.30
4	-	-	.02	.05	.08	.11	.17	.23	.28
5	-	-	-	.04	.06	.09	.15	.21	.27
6	-	-	-	.02	.05	.08	.14	.19	.25

LEVEL II OR III

EXPRESSING MYSELF HONESTLY

When someone asks me how I'm feeling, I always say "fine," even when I'm not. I need to learn to express my true feelings --I need to know to whom I can honestly express them. If I practice, this will help.

When someone says "How are you?" and I'm really feeling angry because of problems in the workcenter, I'll say:

To my spouse/friend: _____

To my sponsor/mentor: _____

To my supervisor: _____

To a shipmate in the passageway: _____

When someone says "How are you?" and I'm really feeling lonely because I miss my old drinking (drugging) buddies, I'll say:

To my spouse/friend: _____

To my sponsor/mentor: _____

To my supervisor: _____

To a shipmate in the passageway: _____

When someone says "How are you?" and I'm really feeling confused by my spouse's attitude about my having to go to so many meetings, I'll say:

To my spouse/friend: _____

To my sponsor/mentor: _____

To my supervisor: _____

To a shipmate in the passageway: _____

Chapter 10, Exercises

When someone says "How are you?" and I'm really feeling happy because I just learned I passed the advancement exam, I'll say:

To my spouse/friend: _____

To my sponsor/mentor: _____

To my supervisor: _____

To a shipmate in the passageway: _____

When someone says "How are you?" and I'm really feeling sick because I have a head cold and ache all over, I'll say:

To my spouse/friend: _____

To my sponsor/mentor: _____

To my supervisor: _____

To a shipmate in the passageway: _____

When someone says "How are you?" and I'm really feeling anxious because my car payment is two weeks late, I'll say:

To my spouse/friend: _____

To my sponsor/mentor: _____

To my supervisor: _____

To a shipmate in the passageway: _____

When someone says "How are you?" and I'm really feeling grateful because I got a suspended bust at Captain's Mast:

To my spouse/friend: _____

To my sponsor/mentor: _____

To my supervisor: _____

To a shipmate in the passageway: _____

LEVEL II OR III

POOR LITTLE OLD ME!

One of the things that can lead me back to old attitudes and behaviors is self-pity (PLOM). I need to learn to act to get ou' of that mood. When I find myself feeling sorry for myself for the reasons stated on the left, I'll take a positive action to get "off the pot!"

SITUATION	ACTION
Example: Life keeps giving me lemons.	I'll make lemonade!
It's raining.	
I've got Duty tonight.	
I have to go to so many meetings.	
I don't have a car to go to meetings.	
My buddy just doesn't understand--he keeps saying I can have just one.	
My co-workers are angry at me because I get time off to go to CAAC.	
I can't find a sponsor.	
They expect me to help clean up after Friday's meeting.	
My DAPA keeps giving me these dumb exercises to do.	

Chapter 10, Exercises

I can't sleep; it's too noisy in the barracks.

My job is too hard because I don't know how to use LOTUS.

Why does everyone else get promoted?

I'm just as good as the Sailor of the Quarter; why didn't I get picked?

My DAPA just doesn't understand me.

They never listen to me.

The Chief jumps all over me if I'm 5 minutes late.

My evals are prejudiced.

I never have the proper tools to do my job.

My rent takes too much of my paycheck.

My spouse and I can't talk over our problems.

When you're feeling PLOM, look at the clock, allow five more minutes, then get off your seat and act!

LEVEL II OR III

CHANGING FAULTY THINKING

How we think can affect how we feel and act. You can control your thinking. Through practicing identifying and changing faulty thinking, you can put yourself in a better place and make your aftercare more pleasant. Below are some examples of faulty thinking. Read the example, then list some examples of your own faulty thinking which you can change. If you've been "a faulty thinker" for lots of years, it's going to take time to turn it around.

Blaming others for your problems or feelings.

"It's Sam's fault I have this problem. He made me so angry I got drunk."

_____

_____

TAKE RESPONSIBILITY FOR YOUR ACTIONS AND EMOTIONS--YOU CHOOSE HOW TO FEEL IN RESPONSE TO OTHER PEOPLE'S BEHAVIORS; THEY DON'T MAKE YOU FEEL ANYTHING.

****

Confusing "wants" and "needs."

"I really need to have a drink to feel better."

_____

_____

YOU MAY WANT A DRINK (OR DRUG), BUT YOU DON'T NEED ONE.

****

Expecting the worst.

"The Chief probably won't recommend me for advancement."

_____

_____

YOU PREVENT YOURSELF FROM TAKING RISKS WHEN YOU EXPECT THE WORST POSSIBLE OUTCOME. THINK ABOUT ALL THE POSSIBLE RESULTS OF SITUATIONS--INCLUDING THE BEST ONES.

Having unrealistic expectations.

"I've got to get all A's in my course."

YOU SET YOURSELF UP FOR DISAPPOINTMENT WHEN YOU EXPECT PERFECTION--YOU DON'T HAVE TO BE PERFECT AT EVERYTHING ALL THE TIME.

****

Looking at the negative side of situations.

"My ship is going to be deployed overseas for six weeks."

NEGATIVE THOUGHTS LEAD TO DEPRESSION AND ISOLATION--LOOK FOR A BRIGHT SIDE TO EVERY SITUATION.

****

Believing you can't do certain things.

"I can't learn how to use the computer."

YOU CREATE LIMITS ON YOUR ABILITIES WHEN YOU TALK YOURSELF INTO BELIEVING YOU CANNOT DO CERTAIN THINGS--GIVE YOURSELF THE OPPORTUNITY TO SUCCEED.

****

Accept your mistakes and learn from them.

"It's not my fault. . ."

MISTAKES ARE A NORMAL PART OF LIFE--ADMIT WHEN YOU MAKE A MISTAKE, LEARN FROM IT, BE PROUD YOU TOOK THE RISK.

LEVEL II OR III

THINK BEFORE YOU ACT

Get into the habit of thinking things through before you act. When you get ready to buy a new car, you usually consider how high the payments will be and can you afford them, are you interested in getting the best gas mileage, do you need air conditioning, can you live without a tape deck, do you need more than a two-seater, etc. Put as much thought into other actions before you do something. Take the time to think through your choices. Below are some things to think about before acting--add your own real-life situation that fits the category.

***Act within your value system.

"Sam wants me to call him out on leave."

_____

_____

****Act on what you need rather than what you want.

"Even though housing is expensive and I'm not authorized VHA, I want to live off base."

_____

_____

****Be objective, don't act on preconceptions and prejudices.

"I'd go UA before I'd work for a female Chief!"

_____

_____

****Think your actions through and decide if you can afford the consequences.

"I'll miss ship's movement if I go home to see my Mom."

_____

_____

****You can decide not to act while you give a situation time to work itself out.

"I better go take a loan out because I just know I'm gonna get fined at Captain's Mast."

____

____

****Act on your own decisions--don't be swayed by other people.

"Oh come on, one or two drinks won't affect your driving!"

____

____

****Take action rather than passively letting things happen to you.

"It's just too hard to tell the XO that I don't have time to do all these collateral duties so I'll put in 16-hour days."

____

____

****Don't react emotionally and destructively--when things have piled up, count to ten or take a walk.

John bumped Joe's arm as he went by; Joe exploded--it was the straw that broke the camel's back!

____

____

****

IT IS IMPORTANT TO THINK BEFORE YOU ACT. ACTIONS CAN EITHER HELP BUILD YOUR SELF ESTEEM UP OR TEAR IT DOWN. THINK ABOUT CHOICES BEFORE ACTING. DECISIONS DON'T HAVE TO BE PERFECT, BUT IF THEY'RE BASED ON SOUND THINKING, YOU'VE GIVEN YOURSELF A HEAD START.

LEVEL II OR III

MAKING AMENDS

Making amends the wrong way can deepen the harm already done. Saying "Sorry 'bout that!" out of the side of your mouth as you meet someone in the passageway, usually won't cut it.

Depending on the person you're making the amends to, and what amends need to be made, the more specific you are the better the outcome, generally. State a specific incident for which you are responsible; explain that you are making changes to prevent such failures in the future; and apologize.

"Chief, I know that two months ago I didn't do all the steps on the PMS card and so we failed the 3M inspection. I've accepted the fact that a lot of my poor performance was caused by my drinking and I'm making changes in my life. I'm sorry and I hope you'll accept my apology."

Think about making amends and write out what you might say --include a specific incident, how you will change, and apologize.

A spouse or best friend: _____

_____

_____

_____

_____.

A child or brother or sister: _____

_____

_____

_____

_____.

A shipmate: _____

_____

_____.

A supervisor: _____

_____

_____

_____

_____.

A close friend: _____

_____

_____

_____

_____.

A parent or grandparent, aunt or uncle: _____

_____

_____

_____

_____.

A bartender or a policeman or gate sentry (or anyone else you may have had a run in with): _____

_____

_____

_____

_____.

If the other person doesn't accept your amends, you can ask: "What can I do to make things right between us?" If you continue to get a negative response, you need not beg or grovel. You have done all you can. You can "show" amends by improving your attitude and your performance!

LEVEL II OR III

TRUST

It's DAY ONE after Level II or III treatment. You walk back into your home or workcenter and, you want to be trusted! Face reality--don't expect instant acceptance. Sometimes people aren't ready to resume a relationship or friendship. Sometimes they need to watch you and see whether you are serious about changing. Sometimes they need proof that you are a new person, a person they can trust.

Today, does your spouse/best friend trust you? YES NO

Why did you pick that answer? _____

_____

_____

_____

What can you do to build more trust? _____

_____

_____

_____.

Today, does your supervisor trust you? YES NO Why did you pick that answer? _____

_____

_____

_____

What can you do to build more trust?_____

_____

_____

_____.

Today, do your shipmates trust you? YES NO Why did you pick that answer? _____

_____

_____

_____

What can you do to build more trust? _____

_____

_____

_____.

Today, does _____ (you fill in the blank) trust you? YES NO Why did you pick that answer? _____

_____

_____

_____

_____

_____

What can you do to build more trust? _____

_____

_____

_____

_____

Consistency builds trust. Show others, every day, day after day, that you are changing in a positive way. Give them the evidence they need to trust you.

LEVEL II OR III

THEN AND NOW

Finding out what appealed to you about being drunk (or stoned or overeating) may help you understand why it's hard to be sober (or clean or abstinent). Think back about what you liked about yourself while under the influence. A few examples are given to get you started. Fill in the blanks. Now think about what's been going on since treatment. Fill in the blanks. Be honest and specific.

Then	Now
I got along with people better	I feel more confident
I could dance better	No more hangovers
I had more friends	I have more money
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

We often remember the good times of drinking or using and block out what was really going on and the damage we did to ourselves and others. Take an honest walk down memory lane and remember the bad times while drinking or using. List them. How about now? List the bad times now. What can you do to overcome the bad times now?

Bad times then: _____

_____

_____

_____

_____

_____

Bad times now: _____

Actions I can take to overcome the bad times now: _____

Being clean, sober or abstinent is a choice, not a jail sentence.

LEVEL II OR III

SHORT TERM GOALS

Going through treatment gives us a whole new outlook -- a chance to start a new and different way of life. Some people get "weller than well" and set up huge goals and expectations for their new lives. Unreachable goals put too much stress on you and set you up for failure. Think about areas in your life that you would like to improve and then list the action steps needed to accomplish that improvement. Be realistic!

**I want to learn to (example: learn to use a computer)

_____

To do this, I'll need to (example: take a computer course) _____

_____

To do this, I'll have to talk it over/get permission from (example: my supervisor) _____

_____

It will cost me (example: nothing--my command gives beginners' computer classes) _____

_____

I can complete this by (example: class starts on 20 June and goes through 30 June) _____

_____

**I want to improve my relationship with (example: my Dad)

_____

To do this I can (example: write him a letter apologizing for my past behavior, and letting him know how I feel now)

_____

I will do this by (example: next weekend) _____

_____

**I want to buy (example: a new stereo) _____

_____

To get the money to do this I will have to (example: have a $40 allotment from each check put into a savings account)

_____

I should have enough money by (example: six months from now) _____

_____

In the meantime, I'll (example: study Consumers' Guide and ask friends about the best brand to buy): _____

_____

**I want to _____

_____

To do this I will have to _____

_____

I'll talk this over with/ask permission from _____

_____

I should be able to accomplish this by (time/date) __

_____

In the meantime, I'll _____

_____

LEVEL II OR III

IF ONLY . . .

Thinking in "if only's . . ." is a trap. Dealing with what is, is the way out of that trap. List your "if only's . . .," then the what is, and then add the action steps you need to take to spring that trap.

Example: "If only the Commander liked me, he would recommend me for advancement."

"What is... I don't really understand my job and I have an attitude."

"Action I need to get my supervisor to really explain this job and how I should be doing it, take a correspondence course, and work on improving my attitude."

1. IF ONLY _____

_____

WHAT IS _____

_____

I NEED TO _____

_____

2. IF ONLY _____

_____

WHAT IS _____

_____

I NEED TO _____

_____

3. IF ONLY _____

_____

WHAT IS _____

_____

I NEED TO _____

_____

4. IF ONLY _____

_____

WHAT IS _____

_____

I NEED TO _____

_____

5. IF ONLY _____

_____

WHAT IS _____

_____

I NEED TO _____

_____

6. IF ONLY _____

_____

WHAT IS _____

_____

I NEED TO _____

_____

LEVEL II OR III

ANGER

Many people have difficulty managing and expressing anger. Feelings get both numbed and exaggerated while drinking, using, or overeating. In sobriety or abstinence, you may experience emotional extremes in which you tend to overreact. Anger is a normal human emotion. It is neither good nor bad. But, if it isn't handled properly, it can cause serious problems.

The first step in managing anger is to become aware of your physical and mental signs of anger. This awareness can help you identify angry feelings before you let them grow out of control or stuff them and let them eat away at your insides.

**What physical signs do you notice when you are angry?

____ rapid heartbeat
____ trouble sleeping
____ gritting your teeth
____ heavy breathing
____ knots in stomach
____ tense muscles
____ headaches
____ excessive sweating

Other signs (list them): _____

_____

**What feelings/behaviors do you notice when you're angry?

____ silence
____ loud voice
____ defeated feelings
____ frustrated feelings
____ avoid others
____ revenge feelings
____ hostile feelings
____ close-minded
____ argumentative

Other behaviors/feelings (list them): _____

_____

**List things that trigger your anger:

At home or with family: _____

_____

At work: _____

_____

**Continue to list things that trigger your anger:

With friends: _____

_____

With strangers: _____

_____

**Intense anger is often caused by having unrealistic expectations of yourself or others or by refusing to accept the limitations of what you can and can't control. It's sometimes easy to get angry when you feel:

--Taken advantage of
--The need to be perfect
--That you're being treated unfairly
--Unloved
--Helpless
--Hurt by criticism
--Mentally or physically exhausted
--Misunderstood

Which of the above are most likely to trigger your anger?

_____

_____

_____

_____

**How do you usually express your angry feelings (for example, do you blow up, physically fight, turn silent and withdraw, act as if nothing happened, blame others)?

_____

_____

_____

**How do you feel about the way you express your anger (e.g., embarrassed, mad at yourself, feel justified)?

_____

_____

ANGER (Continued)

**How do others respond to the way you express anger (e.g., get angry back, ignore you, give you what you want)?

_____

_____

_____

_____

Now that you are aware of how you feel and act when angry and what trigger that anger, you need to learn to express it appropriately.

**To better manage your anger, you may:

--Learn to recognize your anger warning signs early;
--Ask yourself if your anger is justified or is it an overreaction to something or someone beyond your control;
--Are you expecting too much of yourself or someone else;
--Is it a big enough deal to get angry over?

**Explore your options -- How is it in your best interest to react? Talk it over with someone who's not involved. Do something physical but not violent (jog, run, swim, exercise, play ball, walk fast) to relieve the stress. Let things cool down and then calmly think things through.

**List some anger situations and ways you might handle them:

1. I get angry when _____

_____

_____ I could _____

_____

_____

_____

2. I get angry when _____

_____

_____ I could _____

_____

_____

_____

3. I get angry when _____

_____

_____ I could _____

_____

_____

_____

4. I get angry when _____

_____

_____ I could _____

_____

_____

_____

Anger is a normal human emotion -- it is neither good nor bad.

LEVEL II OR III

HOW'S IT GOING?

It's important to feel a sense of accomplishment about the progress you've made so far and to identify the work you still need to do during Aftercare.

Rate how well you think you are doing in each area listed:

	Poor	Fair	Good	Excellent
Staying alcohol (drug) free	___	___	___	___
Avoiding drinking places	___	___	___	___
Avoiding old drinking pals	___	___	___	___
Being open and honest	___	___	___	___
Following advice/suggestions	___	___	___	___
Attending CAAC Aftercare sessions	___	___	___	___
Attending 12 Step meetings	___	___	___	___
Meeting with the DAPA	___	___	___	___
Being on time	___	___	___	___
Having a good uniform appearance	___	___	___	___
Exercising, recreation	___	___	___	___
Eating nutritiously	___	___	___	___
Getting enough rest	___	___	___	___
Paying bills on time	___	___	___	___
Feeling better about myself	___	___	___	___
Getting along with shipmates	___	___	___	___
Getting along with superiors	___	___	___	___
Getting along with subordinates	___	___	___	___
Being more productive at work	___	___	___	___
Keeping my temper better	___	___	___	___
Thinking before acting	___	___	___	___
Being trusted by friends	___	___	___	___
Being trusted by supervisor	___	___	___	___
Having better relationships	___	___	___	___
Making new friends	___	___	___	___
Feeling less stressed	___	___	___	___
Making decisions	___	___	___	___
Expressing my feelings	___	___	___	___

Which of your accomplishments in recovery are you most proud of? _____

_____

_____

In what area have you improved the most? _____

_____

_____

_____

Which changes were easiest for you to make? _____

_____

Which changes have been the most difficult and why? _____

_____

_____

_____

In which areas have you made little or no progress and explain why? _____

_____

_____

_____

On which areas do you need to concentrate immediately to protect the progress you've made so far? _____

_____

_____

_____

If there was no pressure on you to not drink right now, do you think you would return to drinking?

___ YES ___ NO ___ MAYBE

Why? _____

_____

_____

LEVEL II OR III

ASSERTIVENESS

With some practice we can learn to speak up and express our feelings in constructive ways. Assertiveness is the in-between of being passive (doing nothing, taking everything) and being aggressive (being loud, abusive or sarcastic). Assertive behavior allows you to communicate feelings honestly, directly and openly without feeling anxious or acting like a jerk. One formula for being assertive is ... A.S.S.E.R.T.

A = Attention getting the other person to agree to listen ("Chief, I'd like to have five minutes of your time.")

S = Soon, simple, short try to talk it over as soon as possible; keep it simple, brief and to the point ("When you wrote my evals yesterday, you marked me pretty low in one area.")

S = Specific behavior focus on the behavior not the person ("You gave me a 3.2 in leadership.")

E = Effect on me share the feelings you experienced ("I think I deserve a higher rating or at least some help to improve.")

R = Response describe your preferred outcome or ask for feedback ("Did you consider that I have no experience as a supervisor? Please explain exactly what situation made you give me a 3.2?")

T = Terms come to some agreement about the situation in the future ("May I go to NAVLEAD in June?")

Write out some ways you could have used A.S.S.E.R.T. in recent situations:

Situation: _____

_____

A. _____

S. _____

S. _____

E. _____

R. _____

T. _____

Situation: _____

_____

A. _____

S. _____

S. _____

E. _____

R. _____

T. _____

Situation: _____

_____

A. _____

S. _____

S. _____

E. _____

R. _____

T. _____

LEVEL II OR III

"I HATE GOING TO MEETINGS"

"I hate going to those meetings" or "why do I have to go to those meetings" are often heard complaints among Navy aftercare individuals. Why is the Navy so adamant about participating in 12 Step meetings? Because no one has ever come up with a better or more effective method to aid recovery. These meetings are recognized and accepted by chemical dependency experts, doctors, and mental health professionals. If no one else has come up with a better way, what makes us think we can do it better! Our solutions didn't work in the past; now it's time to trust what does work.

Have you sat through an AA/NA/OA meeting and thought, "I don't belong here, I'm not as bad off as those people"? Take a few minutes now and think about what life was <u>really</u> like before treatment. Write a few, honest words after each thought:

**Was I happy when I was drinking (using/overeating)? _____

_____

_____

**Did I like myself? _____

_____

**Was I in control, or were the alcohol/drugs/food in control? _____

_____

**Did I remember things, complete projects, and have real friendships? _____

_____

**What was my outlook on life when I got up in the mornings?

_____

_____

**Was I in trouble a lot? _____

_____

**Did I feel lonely, confused? _____

_____

**Did I look forward to my future, or did I question whether I had a future at all? _____

_____

Do you feel that since you've been through treatment and you have your own copy of the Big Book, you can do it on your own? If this were possible, there would be no AA/NA/OA--everyone would be working the steps on their own. Think back to when you were drinking/using/overeating and thought the only way to do things was <u>your</u> way. List three <u>new</u> ideas you've gotten from listening to someone else at past 12 Step meetings.

1. _____

_____

2. _____

_____

3. _____

_____

Here are some suggestions for making meetings enjoyable--something to look forward to:

Go to the meeting with one or many friends. If we go to meetings alone, it's easy to lose interest.

Go out for coffee or sodas afterwards. The fellowship offered by other recovering people is a great gift.

Work your program during the day so you'll be able to relate to what's said at the meeting.

Volunteer to make coffee.

Try different meetings.

LEVEL II OR III

HIDDEN TRIGGERS

We can probably think of at least one song that mentions drinking or drugging that makes it sound very fun or exciting. What could happen is that a song come on that brings back memories; it triggers the old cues that say drink or drug. We feel deprived and wonder, "Why me?" If we're already in a down mood or feeling stressed, this kind of a trigger could just be enough to push us into relapse. Being aware of this can help fight those feelings. List some of the music videos or songs which you associated with drinking/drugging:

_____

_____

_____

_____

_____

_____

_____

Then, of course, there are those advertisements that glamorize alcohol. Billboards for alcoholic beverages feature a glamorous, sexy woman sipping a drink, looking romantically into the eyes of a handsome, rugged man who's also drinking. These kinds of ads always depict people who are pretty, healthy, successful, and enjoying themselves -- it all looks so good. Think about your last drinking/drugging experience.

**Would an ad man have used your picture for the ad?

**Did you really act sophisticated?

**Were you more romantic?

**Were you prettier/handsomer while you drank/used?

Draw a picture of how you <u>really</u> looked when you drank/used:

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